DOCUMENT RESUME

ED 449 953	RC 022 816
AUTHOR	Carise, Deni; McLellan, A. Thomas
TITLE	Increasing Cultural Sensitivity of the Addiction Severity Index (ASI): An Example with Native Americans in North Dakota. Special Report.
INSTITUTION	Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Substance Abuse Treatment.
SPONS AGENCY	Pennsylvania Univ., Philadelphia. Veterans Administration Center for Studies of Addiction.; National Inst. on Drug Abuse (DHHS/PHS), Rockville, MD.
PUB DATE	1999-00-00
NOTE	198p.
CONTRACT	270-95-0016; T-32-DA07241-04
AVAILABLE FROM	Treatment Research Institute, University of Pennsylvania, 600 Public Ledger Building, 150 S. Independence Mall West, Philadelphia, PA 19106-3475. Tel: 800-238-2433 (Toll Free).
PUB TYPE	Reports - Descriptive (141) -- Tests/Questionnaires (160)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Alcoholism; *American Indians; Chippewa (Tribe); *Cultural Awareness; Cultural Differences; *Drug Addiction; Measures (Individuals); *Mental Health; Sioux (Tribe); *Substance Abuse; Training
IDENTIFIERS	*Native Americans; *North Dakota

ABSTRACT

The Addiction Severity Index (ASI), used throughout the United States and other countries, is the most widely used assessment tool in the addictions field. It is a semi-structured assessment instrument designed for use with clients for substance abuse treatment. The ASI gathers information in seven important areas of a patient's life: medical, employment/support, drug and alcohol use, legal, family history, family/social relationships, and psychological problems. The ASI not only assesses drug and alcohol abuse, it also screens for problems in other areas, such as mental illness. Interviewer severity ratings indicate a client's unmet need for treatment. The ASI has been shown to be reliable and valid, but this applies only with "majority" populations. When substance abuse treatment directors at the North Dakota State Hospital realized that the cultural differences, background, and religious practices of Native Americans in their state (Chippewa and Sioux) were not being adequately addressed, the ASI, already required for use in North Dakota, was modified to address Native cultural issues. The modified instrument includes questions about spirituality, ceremonial practices and use of hallucinogens, tribal support for recovery, and culturally specific living conditions and lifestyle. Part 1 presents the fifth edition ASI in its original format and describes how it was modified for Native Americans in North Dakota. A clinical/training version, contained in Part 3, has instructions, hints, and space for comments. Part 2 contains the North Dakota State Adaptation for Use With Native Americans, which is similar in format to the clinical/training version, and a revised users guide. (Contains 16 references.) (TD)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 449 953

CSAT
Center for Substance Abuse Treatment
SAMHSA

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Increasing Cultural Sensitivity Of the Addiction Severity Index (ASI)

An Example With Native Americans in North Dakota

SPECIAL REPORT

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

RC022816

BEST COPY AVAILABLE

Increasing Cultural Sensitivity Of the Addiction Severity Index (ASI)

An Example With Native Americans in North Dakota

SPECIAL REPORT

Deni Carise, Ph.D.
A. Thomas McLellan, Ph.D.

Center for Substance Abuse Treatment
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857

This publication is part of the Substance Abuse Prevention and Treatment Block Grant technical assistance program. All material appearing in this volume except quoted passages from copyrighted sources is in the public domain and may be reproduced or copied without permission from the Center for Substance Abuse Treatment (CSAT) or the authors. Citation of the source is appreciated.

This publication was prepared under contract no. 270-95-0016 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Gayle Saunders of CSAT served as the Government project officer. Additional support was received under training grant T-32-DA07241-04 from the National Institute on Drug Abuse (NIDA) and from the University of Pennsylvania/Veterans Administration Center for Studies of Addiction. Shandy R. Campbell of Johnson, Bassin & Shaw, Inc., which provided publication development services, served as the firm's project manager.

The U.S. Government does not endorse or favor any specific commercial product or company. Trade, proprietary, or company names appearing in this publication are used only because they are considered essential in the context of the text.

The opinions expressed herein are the views of the authors and do not necessarily reflect the official position of CSAT or any other part of the U.S. Department of Health and Human Services (DHHS).

Printed 1999

Acknowledgments

The authors wish to thank the clients at the North Dakota State Hospital for their participation in and support of this project. The following individuals participated in the data collection effort and in the conceptual development of this Special Report: Jerald Harmon, C.A.C.; Hal Krause, M.P.A., formerly with the Center for Substance Abuse Treatment; John Allen, Don Wright, and Tom Wirtz, North Dakota Division of Mental Health and Substance Abuse Services; Kerry Wicks and John Crowston, North Dakota State Hospital; and Mary Louise Defender Wilson, Dakota-Hidatsa Tribal Elder, who at the time of this study was the Director of the Native American Cultural Center at the North Dakota State Hospital in Bismark.

This Special Report includes materials adapted from earlier materials, including an unpublished document, the "Addiction Severity Index (ASI) Instruction Manual," developed at the University of Pennsylvania/Philadelphia Veterans Administration Medical Center, Center for Studies of Addiction, under National Institute on Drug Abuse (NIDA) Grant No. P50-0A07705. Contributors to these materials were Alicia Bragg, John Cacciola, Barbara Fureman, Ian Fureman, Leslie Goehl, Ray Incmikoski, A. Thomas McLellan, Gargi Parikh, and David Zanis.

The *Instruction Manual* was later replaced by the *ASI User's Guide*, which was developed by Ian Fureman. The *ASI User's Guide* incorporated whole sections of the original manual. The *ASI Revised User's Guide* in this volume, which is specific to the Native American Version developed for use with Native American clients in North Dakota, draws on this material as its base.

Contents

Acknowledgments iii

A Note to the Reader vii

Foreword ix

Preface xi

Part I

Chapter 1—A Brief Description of the ASI 3
  Composite Scores 4
  Different Versions of the Addiction Severity Index 4
  Addiction Severity Index, Fifth Edition 5
  Why Adaptations or ASI Modules are Needed 13
    Clinical Reasons 13
    Research Reasons 13
    Accreditation 13
    Cultural Reasons 14
  Organization of this Special Report 14

Chapter 2—Developing a Version of the ASI, Fifth Edition, for Native Americans in North Dakota 15
  Developing a Pilot Instrument 15
    Methods 16
  Developing the Final Instrument 18
    Spirituality 18
    Hallucinogens 21
    Psychiatric Status 22
    Other Factors 22
    Tribal Support for Recovery 23
    Culturally Specific Living Situation 23
    Excluded Questions 24
  Results of the 1-Year Study 25
  Limitations of the Study 28
    Nonrepresentative Sample—Geographic Limitations 28
  Need for Normative Data 28
  A Note on Reliability and Validity of the ASI Modules 29

Chapter 3—Further Development of An ASI for Native Americans 31
  Suggestions for Further Development of a Native American Version of the ASI 31

Part II

Chapter 4—Addiction Severity Index, Fifth Edition, North Dakota State Adaptation for Use With Native Americans . . . 35

Chapter 5—Addiction Severity Index Revised User's Guide: North Dakota State Adaptation for Use With Native Americans . . . 55
  Addiction Severity Index . . . 57

Part III

Chapter 6—Adapting the Addiction Severity Index, Fifth Edition . . . 175
  Guidelines for Adapting the ASI . . . 175
    Adding Instructions to the ASI . . . 175
    Adding Questions to the ASI . . . 176
    Groupings That Should Not Be Altered . . . 176
    Adding Sections to the ASI . . . 177

Chapter 7—Addiction Severity Index, Fifth Edition, Clinical/Training Version . . . 179

References . . . 195

Appendix: Field Reviewers . . . 197

A Note to the Reader

This document utilizes the most recent version of the Addiction Severity Index (fifth edition), developed by A. Thomas McLellan and colleagues at the University of Pennsylvania/Veterans Administration Center for Studies of Addiction. All of the instruments and the *Revised User's Guide* included in this document are in the public domain and may be reproduced or copied without permission from the authors.

Electronic, disk, or paper copies of the various versions of the Addiction Severity Instrument and corresponding materials may also be obtained from the Treatment Research Institute at the University of Pennsylvania via the ASI help line telephone 800-238-2433. These materials will be provided for the cost of shipping and handling.

The following additional materials are available through the ASI help line. An asterisk designates information available electronically or on disk.

*ASI Checker's Manual

*Short Reference Guide to the ASI

*ASI Common Questions and Errors

*ASI Follow-up Procedures

*ASI Composite Score Manual

ASI Instrument, Hispanic Version (for generic use in the United States)

ASI Biopsychosocial/Accreditation Instrument

Treatment Services Review (TSR) Instrument, User's Guide, and Q by Q [Question-by-Question]

Treatment Services Review (TSR) Instrument, Spanish Version (for generic use in the United States)

Risk for AIDS Behavior Questionnaire (RAB)

Risk for AIDS Behavior Questionnaire (RAB), Hispanic Version (for generic use in the United States)

Articles:

An improved diagnostic evaluation instrument for substance abuse patients, *Journal of Nervous and Mental Disease, 1980*

New data from the Addiction Severity Index: Reliability and validity in three centers, *Journal of Nervous and Mental Disease, 1985*

The Fifth Edition of the Addiction Severity Index, *Journal of Substance Abuse Treatment,* 1992

A new measure of substance abuse treatment: Initial studies of the Treatment Services Review, *Journal of Nervous and Mental Disease,* 1992

Private substance abuse treatments: Are some programs more effective than others? *Journal of Substance Abuse Treatment,* 1993

Training for and maintaining interviewer consistency with the ASI, *Journal of Substance Abuse Treatment*, 1994

Feel free to contact the authors for additional information:

Deni Carise, Ph.D., Principal Investigator
A. Thomas McLellan, Ph.D., Scientific Director

Treatment Research Institute at the University of Pennsylvania
600 Public Ledger Building
150 S. Independence Mall West
Philadelphia, Pennsylvania 19106-3475

Telephone: 1-800-238-2433
Fax: 215-665-2864
e-mail (for Deni Carise): dcarise@tresearch.com

Foreword

This volume represents an important step in recognizing the worth of assessing the user of substances in a cultural context while at the same time collecting the standardized data that is so important for consistency of records, assessment purposes, outcome measures, research, and accreditation. The impetus for a modified instrument began when substance abuse treatment directors at the North Dakota State Hospital realized that traditional assessment instruments did not adequately address cultural differences, background, and spiritual and ceremonial practices of Native Americans in their State. The goal was to modify the Addiction Severity Index (ASI), a versatile instrument that has proven validity and reliability for outcome measures, with the addition of adaptations that would make the instrument a more precise measure of the problems and treatment needs of this population. The authors of this publication are experts on the Addiction Severity Index; indeed, the ASI was developed by one of the authors of this Special Report, A. Thomas McLellan, and his colleagues.

The Addiction Severity Index–North Dakota State Adaptation for Use With Native Americans (ASI-ND/NAV) is the instrument that was developed in response to the needs expressed by the treatment providers in North Dakota. This instrument is printed in this volume in chapter 4, along with an accompanying *Revised User's Guide* that gives instructions to the person who is administering the ASI. (Of course, training is a prerequisite for administering the ASI.)

It is the expectation of the Center for Substance Abuse Treatment (CSAT) that the publication of this instrument will give rise to a great deal of discussion in the treatment field about adapting the ASI to Native American populations outside North Dakota. The authors include suggestions for further development of a Native American Version of the ASI. CSAT especially welcomes discussion that furthers appropriate cultural assessment of Native Americans. The publication of this document comes at an opportune time, with interest in increasing cultural competency at a high point, balanced by the recognition that both Native American clients and traditional counselors need encouragement in accepting the assessment process.

The Addiction Severity Index is widely used in substance abuse treatment programs throughout the country. CSAT is especially pleased that this Special Report contains the most recent version of the Addiction Severity Index in three different formats, as well as a Revised User's Guide for the ASI-ND/NAV, and encourages the reader to freely copy these instruments and the *Guide.*

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment

Preface

Mainstream instruments currently used to assess drug and alcohol problems often lack the cultural sensitivity to address the needs of patients from varying backgrounds and cultural or ethnic groups. The universal instruments now available do not take into consideration the unique cultural differences, background, and religious practices of specific populations. This difficulty is compounded when systems (such as treatment systems, accrediting systems, and State systems) require that providers use a specific (usually traditional) assessment instrument with all clients who present for care.

Substance abuse treatment providers have long recognized that the field needs an assessment instrument that can collect information specific to the individual client's culture, gender, and ethnicity. Such an instrument must be capable of providing standardized, comparative information. It must have proven validity and reliability and be useful for conducting assessments and measuring outcomes.

Programs treating Native American clients with substance abuse problems offer a specific example of this problem. These programs need an assessment instrument that can meet requirements for both general administrative and outcome information. This instrument must also be capable of addressing specific cultural issues and thus enable treatment care planning to be more effective with these populations. To overcome this problem, North Dakota substance abuse and mental health directors worked with the first author to develop a clinically and culturally relevant instrument for use with Native Americans—predominantly of Chippewa and Sioux heritage—seeking substance abuse treatment within their system. The goal was to adapt an existing assessment instrument that was reliable (and State-mandated), and to make it a more precise measure of the problems and treatment needs of those Native Americans presenting for treatment. This new instrument is modified from the Addiction Severity Index (ASI), already required for use in North Dakota for assessment and outcome purposes.

It must be emphasized that this specific adaptation of the ASI was developed for North Dakota, particularly Chippewa and Sioux Indians. Because Native American tribes demonstrate substantial differences among their substance use problems and treatment needs, we are not suggesting that this modified instrument will meet the needs of all Nations. Instead, this Special Report describes the *procedures* by which we adapted the ASI in an effort to meet the specific needs of the North Dakota treatment providers. Our hope is that other groups may be able to use similar methods to meet their own specific needs for clinical information.

Treatment providers in North Dakota who participated in this effort displayed a sincere commitment to offering services that are sensitive to unique cultural differences and varying ethnic backgrounds. The authors invite all readers to collaborate in the continued improvement of the instrument that resulted from this study, by sharing their comments, suggestions, and expertise.

Part I

Chapter 1—A Brief Description of the ASI

Chapter 2—Developing a Version of the ASI, Fifth Edition, for Native Americans in North Dakota

Chapter 3—Further Development of An ASI for Native Americans

Chapter 1—A Brief Description of the ASI

The Addiction Severity Index (ASI), used throughout the United States and in numerous other countries, is the most widely used assessment tool in the addictions field. It is a semi-structured assessment instrument designed for use with clients who present for substance abuse treatment. The ASI was developed in 1980 by A. Thomas McLellan, Ph.D., and colleagues at the University of Pennsylvania (McLellan et al. 1980). The ASI gathers information in seven important areas of a patient's life: medical, employment/support, drug and alcohol use, legal, family history, family/social relationships, and psychological problems. An eighth area, spiritual and ceremonial practices, has been added to the ASI adapted for North Dakota State, which was designed with consideration for Native American cultural and ceremonial practices.

Numerous published studies have shown the ASI to be both reliable and valid, but this applies only with "majority" populations (McLellan et al. 1985). The National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Mental Health (NIMH), and National Institute of Justice (NIJ) have all encouraged use of the ASI for both clinical and research purposes.

The ASI was originally created to enable a group of clinical researchers to evaluate treatment outcomes in six substance abuse treatment programs in the Philadelphia area. Because these program modalities and treatment services varied, this original ASI had to be generic. Also, there was a need to collect the data as part of the clinical process and within a relatively short period of time. For this reason, the instrument had to focus on a minimum number of questions relevant to treatment care planning. Finally, since a major purpose of the original project was to measure outcome, the questions had to cover a broad range of potential areas that could be affected by substance abuse treatment. The format of these questions had to be suitable for repeat administration at followup contacts (McLellan et al. 1980).

The ASI is treatment oriented. It helps the interviewer to build rapport with clients as the interviewer gathers information, and allows interviewers use their own interviewing style. Interviews take about an hour to administer and result in a client profile indicating areas in which more information is needed or that need to be addressed in treatment.

When the ASI is used as an assessment tool, it not only assesses drug and alcohol abuse, it also screens for problems in other areas. The ASI is an effective tool for identifying clients with mental illness coexisting with substance abuse. On a 10-point scale from 0 to 9, interviewer severity ratings indicate the extent of a client's problems in seven areas (eight areas for the ASI-North Dakota State Native American Version). These severity ratings emphasize a client's unmet need for treatment. The person who administers the ASI has the option of developing a Severity Profile, which can be used to flag clients' specific problem areas. A high severity rating indicates that the client needs additional treatment or intervention.

Interviewer severity ratings, which are adjusted slightly to take into account the client's own rating of the problem's severity, are based on the following scale:

0–1	No real problem, treatment not indicated
2–3	Slight problem, treatment probably not necessary
4–5	Moderate problem, some treatment indicated
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

COMPOSITE SCORES

Composite scores were developed for measuring treatment outcomes. Because composite scores were developed as indicators of change, they take into account only questions that pertain to the previous 30 days. They use mathematical formulas to equally weight clients' responses to intercorrelated questions within each section. Composite scores are computed in each of the seven ASI problem areas (medical, employment/support, drug use, alcohol use, legal, family/social, and psychiatric).

DIFFERENT VERSIONS OF THE ADDICTION SEVERITY INDEX

This volume contains three versions of the Addiction Severity Index. The first version is the basic Addiction Severity Index, fifth edition, also referred to as the "Research Version." This is a reference to the fifth edition ASI in its original format, as devised by the clinical researchers. This basic instrument is shown on the following pages.

A second version of the ASI, the Clinical/Training Version contained in chapter 7, has the same content as the Research Version. However, the formatting of the Clinical/Training Version instrument is generally considered to be more friendly to clinicians, because it has instructions, hints, and space for comments included on the instrument. A third version of the ASI, the North Dakota State Adaptation for Use With Native Americans (ASI-ND/NAV), is found in chapter 5. This instrument is similar in format to the Clinical/Training Version.

INSTRUCTIONS

1. Leave No Blanks—Where appropriate code:

   X=question not answered
   N=question not applicable

   Use only one character per item.

2. Space is provided after each section for additional comments.

ADDICTION SEVERITY INDEX SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment definitely needed, possibly life-threatening situation). Each rating is based on the patient's history of problem symptoms, present condition, and subjective assessment of his or her treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note:** Severity ratings are optional.

Fifth Edition
Reformatted and renumbered 1999

SUMMARY OF PATIENT'S RATING SCALE

0–Not at all
1–Slightly
2–Moderately
3–Considerably
4–Extremely

GENERAL INFORMATION

G1. I.D. NUMBER ☐☐☐☐

G2. LAST 4 DIGITS OF SSN ☐☐☐☐

G4. DATE OF ADMISSION ☐☐/☐☐/☐☐☐☐

G5. DATE OF INTERVIEW ☐☐/☐☐/☐☐☐☐

G6. TIME BEGUN ☐☐:☐☐

G7. TIME ENDED ☐☐:☐☐

G8. CLASS: ☐
1–Intake
2–Follow-up

G9. CONTACT CODE: ☐
1–In person
2–Phone

G10. GENDER: ☐
1–Male
2–Female

G11. INTERVIEWER CODE NUMBER/INITIALS: ☐☐☐

G12. SPECIAL: ☐
1–Patient terminated
2–Patient refused
3–Patient unable to respond
N–Not applicable

NAME ____________________

CURRENT ADDRESS ____________________
____
____
____

G14. How long have you lived at this address? ☐☐ Years ☐☐ Months

G15. Is this residence owned by you or your family? 0–No 1–Yes ☐

G16. DATE OF BIRTH ☐☐/☐☐/☐☐☐☐

G17. RACE ☐
1–White (not of Hispanic origin)
2–Black (not of Hispanic origin)
3–American Indian
4–Alaskan Native
5–Asian or Pacific Islander
6–Hispanic–Mexican
7–Hispanic–Puerto Rican
8–Hispanic–Cuban
9–Other Hispanic

G18. RELIGIOUS PREFERENCE ☐
1–Protestant
2–Catholic
3–Jewish
4–Islamic
5–Other
6–None

G19. Have you been in a controlled environment in the past 30 days? ☐
1–No
2–Jail
3–Alcohol or Drug Treatment
4–Medical Treatment
5–Psychiatric Treatment
6–Other

G20. How many days? ☐☐

ADDITIONAL TEST RESULTS

G21. ☐☐☐
G22. ☐☐☐
G23. ☐☐☐
G24. ☐☐☐
G25. ☐☐☐
G26. ☐☐☐
G27. ☐☐☐
G28. ☐☐☐

SEVERITY PROFILE

9							
8							
7							
6							
5							
4							
3							
2							
1							
0							
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUGS	LEGAL	FAM/SOC	PSYCH

V06/99

BEST COPY AVAILABLE

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include ODs, DTs, exclude detox.) ☐☐

M2. How long ago was your last hospitalization for a physical problem? ☐☐ Years ☐☐ Months

M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes ☐

____
Specify

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0–No 1–Yes ☐

M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.) 0–No 1–Yes ☐

____
Specify

M6. How many days have you experienced medical problems in the past 30 days? ☐☐

FOR QUESTIONS M7 & M8, PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐

M8. How important to you now is treatment for these medical problems? ☐

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation 0–No 1–Yes ☐

M11. Patient's inability to understand 0–No 1–Yes ☐

COMMENTS

____

____

____

EMPLOYMENT/SUPPORT STATUS

E1. Education completed ☐☐ Years ☐☐ Months

E2. Training or technical education completed ☐☐ Months

E3. Do you have a profession, trade, or skill? 0–No 1–Yes ☐

____
Specify

E4. Do you have a valid driver's license? 0–No 1–Yes ☐

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.) 0–No 1–Yes ☐

E6. How long was your longest full-time job? ☐☐ Years ☐☐ Months

E7. Usual (or last) occupation? ☐

____
Specify in detail

E8. Does someone contribute to your support in any way? 0–No 1–Yes ☐

E9. (ONLY IF ITEM E8 IS YES) Does this constitute the majority of your support? 0–No 1–Yes ☐

E10. Usual employment pattern, past 3 years. ☐
1–Full time (40 hours/week)
2–Part time (regular hours)
3–Part time (irregular hours)
4–Student
5–Service/military
6–Retired/disability
7–Unemployed
8–In controlled environment

E11. How many days were you paid for working in the past 30 days? (Include "under the table" work.) ☐

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income) ☐☐☐☐

E13. Unemployment compensation ☐☐☐☐

E14. Welfare ☐☐☐☐

E15. Pension, benefits, or Social Security ☐☐☐☐

E16. Mate, family, or friends (money for personal expenses) ☐☐☐☐

E17. Illegal ☐☐☐☐

E18. How many people depend on you for the majority of their food, shelter, etc? ☐

E19. How many days have you experienced employment problems in the past 30 days? ☐☐

FOR QUESTIONS E20 & E21, PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐

E21. How important to you now is counseling for these employment problems? ☐

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation? 0–No 1–Yes ☐

E24. Patient's inability to understand? 0–No 1–Yes ☐

COMMENTS

____

____

____

BEST COPY AVAILABLE

DRUG/ALCOHOL USE

	PAST 30 DAYS	YEARS REGULAR USE	ROUTE OF ADMIN.*
D1. Alcohol– any use at all	☐☐	☐☐	☐
D2. Alcohol–5 or more drinks	☐☐	☐☐	☐
D3. Heroin	☐☐	☐☐	☐
D4. Methadone	☐☐	☐☐	☐
D5. Other opiates/ analgesics	☐☐	☐☐	☐
D6. Barbiturates	☐☐	☐☐	☐
D7. Other sedatives/ hypnotics/tranquilizers	☐☐	☐☐	☐
D8. Cocaine	☐☐	☐☐	☐
D9. Amphetamines	☐☐	☐☐	☐
D10. Cannabis	☐☐	☐☐	☐
D11. Hallucinogens	☐☐	☐☐	☐
D12. Inhalants	☐☐	☐☐	☐
D13. More than one substance per day (including alcohol)	☐☐	☐☐	▨

Note: See manual for representative examples for each drug class.

*Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non IV injection, 5 = IV injection

D14. According to the interviewer, which substance(s) is/are the major problem? (Code D1–D12 or 00–No problem; 15–Alcohol & Drug; 16–Polydrug.) ☐☐

D15. How long was your last period of voluntary abstinence from this major substance? ☐☐ Months
00–never abstinent

D16. How many months ago did this abstinence end? ☐☐
00–never abstinent

How many times have you:

D17. Had alcohol DTs? ☐☐

D18. Overdosed on drugs? ☐☐

How many times in your life have you been treated for:

D19. Alcohol Abuse ☐☐

D20. Drug Abuse ☐☐

How many of these were detox only?

D21. Alcohol ☐☐

D22. Drug ☐☐

How much money would you say you spent during the past 30 days on:

D23. Alcohol ☐☐☐☐

D24. Drugs ☐☐☐☐

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA.) ☐☐

How many days in the past 30 days have you experienced:

D26. Alcohol Problems ☐☐

D27. Drug Problems ☐☐

FOR QUESTIONS D28-D31, PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

D28. Alcohol Problems ☐

D29. Drug Problems ☐

How important to you now is treatment for these:

D30. Alcohol Problems ☐

D31. Drug Problems ☐

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment for:

D32. Alcohol Problems ☐

D33. Drug Problems ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Patient's misrepresentation? ☐
0–No 1–Yes

D35. Patient's inability to understand? ☐
0–No 1–Yes

COMMENTS

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)? ☐
0–No 1–Yes

L2. Are you on probation or parole? ☐
0–No 1–Yes

How many times in your life have you been arrested and *charged* with the following:

L3. Shoplifting/vandalism ☐☐

L4. Parole/probation violations ☐☐

L5. Drug charges ☐☐

L6. Forgery ☐☐

L7. Weapons offense ☐☐

L8. Burglary, larceny, B&E ☐☐

L9. Robbery ☐☐

L10. Assault ☐☐

L11. Arson ☐☐

L12. Rape ☐☐

L13. Homicide, manslaughter ☐☐

L14. Prostitution ☐☐

L15. Contempt of court ☐☐

L16. Other ☐☐

L17. How many of these charges resulted in convictions? ☐☐

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication ☐☐

L19. Driving while intoxicated ☐☐

L20. Major driving violations (reckless driving, speeding, no license, etc.) ☐☐

L21. How many months were you incarcerated in your life? ☐☐ Months

L22. How long was your last incarceration? ☐☐ Months

L23. What was it for? (Use codes L3-L16 and L18-L20. If multiple charges, code the most severe.) ☐☐

L24. Are you presently awaiting charges, trial, or sentence? ☐
0–No 1–Yes

L25. What for? (If multiple charges, use the most severe.) ☐☐

L26. How many days in the past 30 days were you detained or incarcerated? ☐☐

L27. How many days in the past 30 days have you engaged in illegal activities for profit? ☐☐

FOR QUESTIONS L28 & L29, PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

L28. How serious do you feel your present legal problems are? (Exclude civil problems.) ☐

L29. How important to you now is counseling or referral for these legal problems? ☐

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation ☐
0–No 1–Yes

L32. Patient's inability to understand ☐
0–No 1–Yes

COMMENTS

___

___

___

FAMILY HISTORY

Have any of your **blood-related** relatives had what you would call a significant drinking, drug use or psychiatric problem—one that did lead or should have led to treatment?

Mother's Side

	Alc.	Drug	Psych.
H1. Grandmother	☐	☐	☐
H2. Grandfather	☐	☐	☐
H3. Mother	☐	☐	☐
H4. Aunt	☐	☐	☐
H5. Uncle	☐	☐	☐

Father's Side

	Alc.	Drug	Psych.
H6. Grandmother	☐	☐	☐
H7. Grandfather	☐	☐	☐
H8. Mother	☐	☐	☐
H9. Aunt	☐	☐	☐
H10. Uncle	☐	☐	☐

Siblings

	Alc.	Drug	Psych.
H11. Brother	☐	☐	☐
	☐	☐	☐
H12. Sister	☐	☐	☐
	☐	☐	☐

Directions: Use "0" in relative category where the answer is clearly no for ***all*** relatives in the category; "1" where the answer is clearly yes for ***any*** relative within the category; "X" where the answer is uncertain or "I don't know"; and "N" where there never was a relative in that category.

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status ☐
1–Married
2–Remarried
3–Widowed
4–Separated
5–Divorced
6–Never Married

F2. How long have you been in this marital status? (If never married, since age 18.) ☐☐ Years ☐☐ Months

F3. Are you satisfied with this situation? ☐
0–No
1–Indifferent
2–Yes

F4. Usual living arrangements (past 3 years) ☐
1–With sexual partner and children
2–With sexual partner alone
3–With children alone
4–With parents
5–With family
6–With friends
7–Alone
8–Controlled environment
9–No stable arrangements

F5. How long have you lived in those arrangements? (If with parents or family, since age 18.) ☐☐ Years ☐☐ Months

F6. Are you satisfied with these living arrangements? ☐
0–No
1–Indifferent
2–Yes

Do you live with anyone who:

F7. Has a current alcohol problem? ☐
0–No 1–Yes

F8. Uses nonprescribed drugs? ☐
0–No 1–Yes

F9. With whom do you spend most of your free time: ☐
1–Family
2–Friends
3–Alone

F10. Are you satisfied with spending your free time this way? ☐
0–No
1–Indifferent
2–Yes

F11. How many close friends do you have? ☐

Directions for F12-F26: Place "0" in relative category where the answer is clearly ***no for all relatives in the category***; "1" where the answer is clearly ***yes for any relative within the category***; "X" where the answer is ***uncertain or "I don't know"***; and "N" where there ***never was a relative in that category***.

Would you say you have had close, long-lasting personal relationships with any of the following people in your life:

F12. Mother ☐
F13. Father ☐
F14. Brothers/Sisters ☐
F15. Sexual Partner/Spouse ☐
F16. Children ☐
F17. Friends ☐

Have you had significant periods in which you have experienced serious problems getting along with:

	PAST 30 DAYS	IN YOUR LIFE
F18. Mother	☐	☐
F19. Father	☐	☐
F20. Brothers/Sisters	☐	☐
F21. Sexual Partner/Spouse	☐	☐
F22. Children	☐	☐
F23. Other Significant Family ____________ Specify	☐	☐
F24. Close friends	☐	☐
F25. Neighbors	☐	☐
F26. Coworkers	☐	☐

Has anyone ever abused you:
0–No 1–Yes

	PAST 30 DAYS	IN YOUR LIFE
F27. Emotionally (made you feel bad through harsh words)?	☐	☐
F28. Physically (caused you physical harm)?	☐	☐
F29. Sexually (forced sexual advances or sexual acts)?	☐	☐

How many days in the past 30 days have you had serious conflicts:

F30. With your family? ☐☐

F31. With other people? (excluding your family) ☐☐

FOR QUESTIONS F32-F35, PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

F32. Family problems ☐

F33. Social problems ☐

How important to you now is treatment or counseling for these:

F34. Family problems ☐

F35. Social problems ☐

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Patient's misrepresentation? ☐
0–No 1–Yes

F38. Patient's inability to understand? ☐
0–No 1–Yes

COMMENTS

____

____

____

____

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital or inpatient setting ☐☐

P2. As an outpatient or private patient ☐☐

P3. Do you receive a pension for a psychiatric disability? ☐☐
0–No 1–Yes

Have you had a significant period (that was **not a direct result of drug/alcohol use**) in which you have:

		PAST 30 DAYS	IN YOUR LIFE
P4.	Experienced serious depression	☐	☐
P5.	Experienced serious anxiety or tension	☐	☐
P6.	Experienced hallucinations	☐	☐
P7.	Experienced trouble understanding, concentrating, or remembering	☐	☐
P8.	Experienced trouble controlling violent behavior	☐	☐
P9.	Experienced serious thoughts of suicide	☐	☐
P10.	Attempted suicide	☐	☐
P11.	Been prescribed medication for any psychological/emotional problems	☐	☐

P12. How many days in the past 30 days have you experienced these psychological or emotional problems? ☐☐

FOR QUESTIONS P13 & P14, PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

P13. How troubled or bothered have you been in the past 30 days by these psychological or emotional problems? ☐

P14. How important to you now is treatment for these psychological/emotional problems? ☐

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is the patient:
0–No 1–Yes

P15. Obviously depressed/withdrawn ☐

P16. Obviously hostile ☐

P17. Obviously anxious/nervous ☐

P18. Having trouble with reality testing, thought disorders, paranoid thinking ☐

P19. Having trouble comprehending, concentrating, remembering ☐

P20. Having suicidal thoughts ☐

INTERVIEWER SEVERITY RATING

P21. How would you rate the patient's need for psychiatric/psychological treatment? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. Patient's misrepresentation? ☐
0–No 1–Yes

P23. Patient's inability to understand? ☐
0–No 1–Yes

COMMENTS

____

____

____

____

____

____

____

____

____

____

____

____

The preceding pages presented a brief description of the ASI and the original ASI, Fifth Edition instrument. Numerous treatment providers and State agencies are currently using the ASI instrument to help meet multiple demands in this time of changing healthcare systems. Treatment providers need instruments that can:

- Help streamline paperwork
- Collect the specific information they need to meet the varying requirements of State, Federal, and accrediting agencies
- Guide assessments to obtain a comprehensive picture of each client's treatment needs

In addition, Federal, State, and managed care organizations are all pushing for greater accountability through the measurement of performance outcomes. Treatment providers face an increasing need to collect valid data that can be used as a baseline for outcome studies. The ASI, used for both clinical and research purposes, has a number of specific strengths and limitations as an assessment tool in this complex environment. These advantages and limitations are summarized in table 1.

Table 1. Advantages and limitations of the ASI

CLINICAL USES

The ASI offers a standard set of questions, which results in information to help clinicians—

- Screen prospective clients
- Guide intake to substance abuse treatment
- Design intake summaries
- Develop treatment care plans
- Make referrals

RESEARCH USES

The ASI offers a standard set of questions, which results in information to help researchers—

- Describe clients from specific treatment centers
- Describe specific populations of clients
- Quantify the level of problems
- Measure the client's response to treatment
- Compare improvement across groups of clients

STRENGTHS

Some strengths of the ASI:

- Can be used to gather reliable, valid data
- Is relatively brief
- Can be computer-coded
- Can be used for followup outcome studies
- Has a history spanning more than 20 years of use in research and treatment
- Is currently being used in many statewide studies and Federal grants, such as for CSAT's Target Cities grants and Treatment Outcome Performance Pilot Studies (TOPPS).

LIMITATIONS

The ASI has limitations in several settings (discussed in detail later). The ASI should be supplemented significantly:

- To determine the appropriate level of care
- To diagnose according to the DSM-IV
- To assess adolescents
- To evaluate treatment programs in controlled environments

WHY ADAPTATIONS OR ASI MODULES ARE NEEDED

The ASI was originally designed to capture the minimal amount of information necessary to evaluate the nature and severity of patients' problems when they present for treatment and at followup. For this reason, the ASI developers have always encouraged clinicians to add questions and/or additional instruments in the course of evaluating their clients.

A number of modifications to the ASI have been developed for special populations. For example, sets of questions or "modules" have been developed to assess the special needs of women (SAMHSA/CSAT, 1997), (Brown et al. 1995), the chronically mentally ill (Cacciola and McLellan 1994), and gamblers (Lesieur and Blum 1992). In addition, the Clinical Training Version of the Fifth edition of the ASI (Urshel et al. 1996) has been translated to provide a version for use with Hispanic patients (Morales 1997). Versions for use with incarcerated individuals, homeless populations, and other populations are being developed.

Treatment providers have numerous reasons—including clinical, research, accreditation, and cultural reasons—for adapting or norming the ASI.

Clinical Reasons

Adaptations can be necessary because the ASI does not adequately cover some important areas in particular populations (Brown et al. 1993; Carise and McLellan 1996). For example, the medical section of the ASI is adequate for gathering basic medical information in the general population. However, treatment centers that work with pregnant women or with the severely medically ill will need to add medical questions that are specifically suited to those populations. Adding questions to the ASI will enable the provider to more adequately assess the needs of patients in those programs.

Research Reasons

Adaptations are also needed for research purposes. These adaptations will permit evaluators and researchers to measure particular outcomes of interest in specific populations (McLellan et al. 1992). For many populations, an increase in medical care visits shown at followup could indicate an increase in the acuity of the patient's medical problems. However, such followup data may signify a very different finding among pregnant substance abusers. For example, in a 5- to 7-day detoxification program for pregnant substance abusers, followup information showing an increased number of visits to medical professionals for prenatal care would be desirable and clinically important.

Accreditation

Adaptations are also helpful for treatment providers who need to fulfill the requirements of two or more funding or accreditation agencies. For example, providers often need to meet requirements from both their State substance abuse agency and an accreditation agency, such as the Joint Commission on Accreditation of Hospital Organizations (JCAHO). The ASI-Joint Commission Version (Carise et al. 1997) is an adaptation that fulfills a State's requirements while incorporating specific JCAHO requirements.

Cultural Reasons

The Addiction Severity Index—North Dakota Native American Version (ASI–ND/NAV) provides an example of an adaptation of the ASI for cultural reasons. If an instrument is not sensitive to important distinctions in cultural practices, common practices may be mistaken as "problems" and true problems may be missed. For example, some Native American religious or ceremonial practices are intended to bring about spiritual experiences. These practices and ceremonies may produce hallucinations as a result of heat exposure, dehydration from fasting, or lack of sleep. In the standard ASI, hallucinations are *always* considered evidence of a psychiatric problem. Unless it has been adapted to take into account Native American cultural practices or religious ceremonies, the ASI could offer inaccurate and possibly injurious information about a client's condition.

ORGANIZATION OF THIS SPECIAL REPORT

In part I, we first describe how we modified the ASI for Native Americans in treatment for substance abuse problems in North Dakota. We then present the resulting instrument, along with a *Revised User's Guide* (part II). Part III is a general discussion about how to modify the ASI to increase cultural sensitivity.

Chapter 2—Developing a Version of the ASI, Fifth Edition, for Native Americans in North Dakota

The development of this Special Report began with requests from treatment providers in the North Dakota State Hospital for a version of the Addiction Severity Index (ASI) that would be culturally sensitive to the Native American population in treatment for drug and alcohol problems in their State. Aware that the ASI does not sufficiently address the substance abuse treatment needs of Native Americans, the authors decided to modify the instrument. While the authors' ultimate goal is to develop an instrument or instruments that can be used throughout the country by clinicians who are helping Native Americans troubled by abuse of alcohol or other drugs, this first adaptation has proved to be more limited in scope. The final version of the modified instrument reflects information provided by Native Americans in treatment for substance abuse in the North Dakota State Hospital. Therefore, this adaptation may *not* be more widely applicable to a wider group of Native Americans. This is a subject that we will return to later in this Special Report. (See chapter 3.)

Very briefly, the first step in the modification was the development of a pilot instrument based on interviews—with clients in an inpatient hospital-based substance abuse treatment program in North Dakota, with clinical staff, and with experts versed in Native American culture. The pilot instrument was administered for a year, after which time it was again modified, based on the results of the previous year's work and comments from a field review. The resulting adaptation of the Addiction Severity Index, the North Dakota State Adaptation for Use With Native Americans, is contained in part II of this volume, chapter 4. A *Revised User's Guide*, in chapter 5, provides in-depth instructions for each question on this version of the ASI.

A more detailed description of the steps taken to develop the ASI-ND/NAV Version follows.

DEVELOPING A PILOT INSTRUMENT

As a first step in the development of the pilot instrument, in August 1995, the first author (D.C.), who is an ASI trainer, and Jerald Harmon, an ASI trainer working with Native Americans in Tucson, Arizona, traveled to the North Dakota State Hospital in Jamestown, where they conducted interviews with patients and treatment providers over a period of 5 days. The purpose of the visit was to gather information about living situations, lifestyle differences, cultural and tribal variations, community support, and any other topics that could increase the value of the ASI as the primary assessment document. Additionally, trained interviewers collected ASI data for the next year. This report presents the data collection procedures, the resulting instrument, the limitations of this type of adaptation, and suggestions and instructions for further development or new adaptations. This is important since there are likely to be many different issues encountered in other Native American populations. Thus, the *procedures* used to produce this version are likely to be more useful than the particular questions, for those working in other Native American settings and with other populations.

Methods

Over the course of 5 days at the State mental hospital in Jamestown, North Dakota, the first author and her colleague conducted interviews with Native American patients then in substance abuse treatment. These patients represented Chippewa, Sioux, Blackfoot, and other tribes. They also interviewed treatment providers who were working with Native Americans, as well as Mary Louise Defender Wilson, the director of the Native American Cultural Center located at the North Dakota State Hospital in Bismarck. Some treatment staff had extensive background working with Native Americans; the author queried this experienced group, as well as those Native Americans in treatment, about Native American living situations, lifestyle differences, cultural and tribal variations, community support, and other issues regarding culture and environment.

The authors asked all Native Americans in substance abuse treatment at the North Dakota State Hospital to participate in an ASI interview. During the 5-day stay, 11 of the 15 Chippewa, Sioux, and Blackfoot clients then in treatment initially agreed to participate in the development of the pilot instrument and participate in an ASI interview.

In all, 6 of the 15 Native Americans in treatment did not participate in the pilot study for various reasons. Two individuals in treatment did not participate because, they stated, they were too busy and were in their final stages of treatment. Two individuals who chose not to participate were unwilling to listen to the description of the study. One person who participated initially later experienced an increase in psychiatric symptoms. This client requested that we return the assessment document (we returned the ASI instrument to him). Finally, one participant requested that we stop the interview because of that person's discomfort related to withdrawal symptoms. Therefore, nine patients participated in the initial development of the pilot ASI–ND/NAV.

The Native American clients who completed an ASI interview also spent another 15 to 30 minutes with the interviewer, giving insight on which questions did not seem to apply to them, or questions that were left out of the interview that were important to them. They addressed the choices for answers that did not adequately cover the unique aspect of their culture, such as a question providing a list of traditional religious preferences to choose from, and a question about level of education that did not take into consideration the differences between attending school on a reservation, or in a Native American boarding school. The nine volunteers contributed a great number of suggestions and spoke about areas they felt were important to include during assessment to appropriately address substance abuse problems within the context of their culture. These data, combined with discussions from treatment providers and others, led to the development of a supplemental information sheet for the ASI. This supplemental sheet gathers information on tribal affiliation and enrollment, the number of years that the client has lived on reservations, and education experiences and settings (for the supplemental sheet, see box on page 17).

Supplemental Sheet for Data Collection

ADDICTION SEVERITY INDEX
North Dakota/Native American Version (ND/NAV)

Tribal Affiliation:

Specify: ____

Are you enrolled? (circle one) YES NO

How many years total did you live on reservations?

Specify: ____

During what ages did you live on reservations?

Specify: ____

____

____

Type of schooling attended:
(e.g. Native American boarding school, traditional school, educated on reservation, etc.)

Specify: ____

____

____

Do you have any comments or suggestions for improving this intake document to meet the needs of your population?

____

The pilot instrument was then developed, based on the nine original ASIs and interviews with treatment providers and the director of the Native American Cultural Center.

After participating in a 2-day training event on how to administer ASIs, staff began to collect ASIs on Native Americans who were entering inpatient, abstinence-oriented substance abuse treatment at the Jamestown site. This ASI collection effort continued for approximately 1 year. The clinicians involved had completed ASI training with the supplemental questions and had prior experience both in working with Native Americans and in administering the ASI.

A total of 76 pilot ASIs were administered through May 1996. The subjects were primarily from the Chippewa and Sioux tribes, while several came from three affiliated Blackfoot tribes. More information about the subjects is presented in Results of the 1-Year Study, later in this chapter.

DEVELOPING THE FINAL INSTRUMENT

At the end of the year, the authors modified the pilot instrument based on guidance from the interviewers, clients, clinicians, and experts in the field of substance abuse treatment and Native American culture. A number of suggestions made by field reviewers were incorporated into the ASI-ND/NAV. (See the appendix for a list of field reviewers.)

Feedback from many of the clients and clinicians interviewed clustered around several common themes, suggesting important areas for adapting the ASI interview, as well as specific treatment service needs among Native Americans. Many of the suggested client need areas were consistent with the previous literature, such as the need for help with family relationships, with vocational skills, and with domestic violence issues (Wilber and Congros 1995). The following section shows key topics discussed and how these issues were addressed in the development of the North Dakota Native American Version of the ASI.

Spirituality

Almost everyone whom we interviewed suggested adding questions or a section about spirituality. Consequently, we added a Spiritual and Ceremonial Practices section to the ASI. The questions in this section were developed to follow the same time frames and contexts as are used in the seven original ASI sections.

For example, as in the original ASI, the new questions use a number scale, severity ratings, and confidence ratings, and ask about behavior in the past 30 days. This allows for a consistent format for the questions; it also means that the new and original information will have maximum comparability with existing questions and that clients do not have to reorient their responses to a new time period.

Spiritual and Ceremonial Practices

New Section. The new section, Spiritual and Ceremonial Practices, begins with questions about a belief in a God, a Higher Power, or Creator. The interviewer asks what changes in his or her spiritual life the client would like help making. Other questions revolve around whether the client has a spiritual leader available for guidance, comfort level with spirituality, participation in Native-American specific activities, and language. Patient's Rating, Interviewer Severity Rating, and Confidence Rating are also included. See the box on page 20, which delineates the new section.

Questions Added to the ASI: Spiritual and Ceremonial Practices Section

S1. Do you have a belief in a "God," "a Higher Power," or "Creator"?

Concerning your spiritual life, what changes would you like help making?

- S2. Learning more about prayer?
- S3. Learning more about meditation?
- S4. Education about a particular religion/spirituality?
- S5. Changing attitude toward God/Creator?

S6. Do you have a spiritual leader or traditional/cultural person available for guidance?

[If S6=yes]

S7. Do you seek out and utilize this person from time to time?

S8. Are you comfortable with your spirituality and beliefs?

Do you regularly participate in:

- S9. Native American religious ceremonies/activities? (sweat lodges, sun dances, etc.)
- S10. Native American Church meetings?
- S11. Native American cultural activities?
- S12. Native American dance activities?

S13. Are you familiar with your Native language?

S14–S15. What is the primary language you speak (Native language, English, Spanish, other) at home, with friends?

S16. How many days in the past 30 days have you had concerns or problems with *spiritual or cultural* practices?

Patient's Rating

S17. How troubled or bothered have you been by these problems with spiritual or cultural practices?

S18. How important to you now is counseling for these problems/concerns (including learning Native-American cultural practices and ceremonies)?

Interviewer Severity Rating:

S19. How would you rate the patient's need for spiritual or cultural counseling?

Confidence Rating

S20-21. Is the above information significantly distorted by the patient's misrepresentation or inability to understand?

BEST COPY AVAILABLE

Choices added in the General Information section. Two options were added to Question G18 in the General Information section that ask whether the client has a religious or spiritual preference. The options added to question G18 are:

- Native American spiritual practices (sun dance ceremonies, sweat lodges, etc.)
- Native American Church

Demographic questions added in the General Information section. The following three questions were added:

G35. Is this [your residence] located on a reservation?

G29. What tribe(s) do you consider yourself part of?

G36. Are you enrolled [in a tribe]?

Hallucinogens

Interviews with treatment staff and Native American clients suggested the need for questions in the Drug/Alcohol Use sections of the ASI regarding the use of hallucinogens. In addition, instructions to interviewers were added in the Psychiatric Status section of the *Guide* in order to allow for "non-psychiatric" hallucinations.

Questions Added in the Drug/Alcohol Use section. New instructions were given to include peyote as a hallucinogen on the list of drugs in the drug grid in this section.

Questions added include the following:

D42. Have you used any of the drugs listed as part of a religious practice or spiritual ceremony?

D43. Is this use approved or provided by tribal leaders or a medicine person?

D45. Is this use common practice in your traditional ways?

In addition to the questions concerning hallucinogens and the use of other drugs in religious or ceremonial practices, already described, the following question was added:

D44. Have any traditional Indian cultural practices, such as sweat lodges, sun dances, and prayer meetings been helpful for you in achieving or maintaining abstinence [from drugs and alcohol]?

The following questions were added after the original ASI questions, "How many times in your life have you been treated for alcohol abuse and drug abuse?" and "How many of these were detox only?"

D36–37. How many of these [alcohol/drug treatments] provided Native American specific groups or focus?

D38–39. How many of these [alcohol/drug treatments] included Native American treatment providers/counselors?

D40–41. How many of these treatments were provided on reservations?

Psychiatric Status

Additional instructions were added to Psychiatric Status Question P6 about whether the patient had experienced hallucinations. The new material instructs the interviewer not to code hallucinations related to religious or ceremonial practices.

Other Factors

New questions were added to include a number of factors not in the original ASI. These factors have to do with whether clients have received alternative types of medical, drug, and alcohol treatments; whether they have received education in schools specific to Native Americans; and whether they currently receive income derived from Native American lands.

Questions added to the Medical Status section. Two questions were added:

M16. Have you ever sought medical help from a tribal medicine person?

M17. How many days in the past 30 days have you sought help from a tribal medicine person?

Questions added to the Employment/Support Status section. Two questions were added:

E27. Years of education completed in:

- BIA boarding schools (on your reservation)
- BIA boarding schools (not on your reservation)
- Tribal boarding schools
- Church/Mission boarding schools
- Non-boarding schooling, on reservation

E28. How much income have you received in the past 30 days from government payment for land/land lease? [This is an item added to a list of questions regarding various sources of income in the past 30 days.]

Tribal Support for Recovery

During the interview process, clinicians expressed an interest in being able to assess the support for a drug-free lifestyle that clients perceived as being available from their tribes and on their rerservations.

Questions added to the Family/Support section. A series of questions was added.

F61. Do you live with anyone who is supportive of your recovery?

After treatment, will you return to an environment that

F65. Is supportive of your recovery?
F66. Offers community services to help you in your recovery?
F67. Offers accessible self-help meetings?

Culturally Specific Living Situation

The North Dakota Native American ASI asks several questions about the extent to which the client has lived in culturally specific tribal situations. This version also asks about the client's satisfaction with this living situation.

Questions added to the Family/Social Relationships section. In all, five questions were added.

F58. Have you ever lived on a reservation?

F59. How many years of your life did you live on reservations?

F60. Are you satisfied living on reservations?

The following two questions were added as a sequel to the original ASI question, "How many close friends do you have?"

F76. How many of these friends are Native American?

F70. With whom do you feel the most comfortable? [Choices include Native American, white, other, or indifferent]

Excluded Questions

Not all of the questions from the ASI are included in the North Dakota State adaptation. There are three important exclusions. (1) Race categories, for example, were replaced with a question about tribal affiliation. (2) An inpatient care question that was not part of the original ASI was dropped from this version. (3) Questions about occupation were not included inasmuch as the Hollingshead scale, which in any event is generally outdated, is a poor fit for the Native American population. (See the box for a more complete listing of questions that are not included.)

Questions dropped from the Addiction Severity Index, Fifth Edition Research Version, in creating the North Dakota State Native American Version

G6 and G7, time elapsed for the interview.

G17 is a question about race. It is replaced by the following question about tribes:

G29. What tribe(s) do you consider yourself part of?

D99 (an optional question) "How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days?"

E7, which asks for usual (or last) occupation, with the answers keyed to the Hollingshead Categories Reference Sheet, is not included for the reasons given above.

Modifying the User's Guide

In addition to adapting the instrument, the authors also adapted the *User's Guide* to the ASI-ND/NAV, resulting in the *ASI Revised User's Guide: North Dakota State Adaptation for Use With Native Americans.* The revisions consist most importantly of additional instructions for the new questions and choices that we have outlined in this chapter. In some instances, instructions were clarified. In addition, the *Revised User's Guide* has a new format. Because we realize that some clinicians will be using the *Guide* with other versions of the ASI, we have included questions that were not included on the modified instrument at the very end of the *Guide*.

The modified ASI-ND/NAV and the *Revised User's Guide* are in part II, this volume.

RESULTS OF THE 1-YEAR STUDY

Interviewers completed a total of 76 ASI interviews. All but two of the subjects for whom data were available were enrolled in a tribe. The subjects had lived on reservations for an average of 17.7 years. The 76 respondents ranged in age from 19 to 68. Average age of the respondents was 35 years. See tables 2, 3, and 4 for more detailed information about the Native Americans who participated.

Table 2. Tribal groups represented

Tribal Group	Number of Individuals	Percent
Chippewa	32	42
Sioux	26	34
Three affiliated Blackfoot tribes	10	13
Other/mixed	3	4
Missing data	5	7
Total	76	100

Table 3. General information about respondents

	Number of Individuals	Percent
Enrolled in tribes	67	97*
Gender		
Male	60	79
Female	16	21
Early education (grades 1-12)		
Native American boarding school	13	17
Educated on a reservation	19	25
American public schools	37	49
Mixed/other	7	9
Total	76	100

*Based on the 69 individuals for whom information about tribal affiliation was available.

Table 4. Data from selected background items

Background item	Mean	SD	Percent
Medical Status:			
Lifetime hospitalizations	5.0	4.1	
Days of medical problems in past 30 days	11.8	8.5	
Employment/Support Status:			
Years of education	1.9	11.3	
Average number of dependents	1.6	1	
Percentage having driver's license			12
Drug/Alcohol Use:			
Years of heavy alcohol use	8	12	
Years of regular heroin use	1	0.2	
Years of regular cocaine use	3	0.9	
No. of previous treatments for alcohol	19	12	
No. of previous treatments for drugs	4	1	
Legal Status:			
Number of convictions	15	8	
Months incarcerated	31	20	
Family/Social Relationships:			
Percentage divorced/separated			39
Days of family problems in past 30 days	5	2	
Days of social problems in past 30 days	2	1	
Psychiatric Status:			
Number of psychiatric hospitalization	2.6	0.75	
Percentage reporting depression in lifetime			51
Percentage reporting lifetime trouble with violence			41
Percentage reporting attempting suicide in lifetime			22

Preliminary data on the Native American clients, shown in table 5, differ in some interesting ways from data gathered on other groups. The data gathered on other groups rarely show such a small range in the severity of problems across sections (McLellan et al. 1980; 1992). These other groups include substance abusers who are non-Native males, homeless, primarily alcohol abusers, incarcerated, and psychiatrically ill substances abusers. In the North Dakota Native American sample, though still very small, the range in severity of problems (as measured by the interviewer severity ratings) is less than that seen in other samples. With the current sample, all sections of the ASI averaged a moderate or higher severity rating. There were no sections in which the Native American sample showed few or no problems or no need for treatment. Table 5 compares scores from the Native American sample with data from several groups summarized in an article on the fifth edition of the ASI (McLellan et al. 1992). It should be noted that this article simply reports available data on relatively small samples of groups with varying characteristics—not true national norms.

Table 5. Average interviewer severity ratings from the Native American sample compared with three other groups

Status	Native Americans in North Dakota *n*=76		Public inpatient programs *n*=116		Incarcerated males *n*=260		Alcohol abusers *n*=129	
	ISR	**(SD)**	**ISR**	**(SD)**	**ISR**	**(SD)**	**ISR**	**(SD)**
Medical	3.1	(2.7)	1.9	(2.2)	1.9	(2.8)	2.4	(2.3)
Employment/Support	3.7	(2.2)	3.5	(1.9)	4.7	(3.0)	3.4	(2.1)
Drug	3.1	(2.8)	3.1	(1.1)	7.5	(2.1)	1.2	(2.0)
Alcohol	6.4	(1.7)	4.7	(1.5)	2.9	(3.2)	6.4	(1.0)
Legal	2.9	(1.8)	1.1	(1.5)	5.6	(2.4)	1.4	(1.9)
Family/Social	3.8	(2.1)	3.3	(2.1)	3.7	(2.7)	3.1	(2.0)
Psychiatric	3.3	(2.7)	3.1	(2.4)	2.8	(2.7)	3.4	(2.3)

ISR=Interviewer severity rating.
(SD)=Standard deviation.

LIMITATIONS OF THE STUDY

The goal of this project was to develop a culturally sensitive assessment instrument for use with Native Americans, predominantly Chippewa and Sioux, *presenting for treatment in the State of North Dakota.* Following is a list of some of the limitations of the project and of the resulting instrument.

Nonrepresentative Sample—Geographic Limitations

Data for this North Dakota/Native American Version of the ASI were collected from Native Americans from a small portion of the tribes in North America, specifically the Chippewa, Sioux, Blackfoot, and some mixed affiliated tribes. Clearly, the many other tribal groups in North America, such as the Navajo or Crow Nations, may have unique cultural practices that were not taken into consideration in creating this instrument. As indicated previously, this ND/NAV instrument is not necessarily generalizable to the numerous other tribes or Nations in North America. Chapter 3 discusses various ways in which this instrument could be expanded to represent the mores and cultural practices of other Native American tribes.

NEED FOR NORMATIVE DATA

Once a specific module of the ASI has been created for a particular group or sample, it is desirable to norm the instrument for this group. Normative tables will increase the usefulness and meaningfulness of the adapted instrument. Development of normative tables for special populations makes it possible to compare data for similar groups (Gottheil et al. 1992; McLellan et al. 1981). For example, a center that plans to offer specialized treatment for Native Americans can learn a great deal from the baseline and outcome data of a facility that currently provides such treatment. Normative data will allow the clinicians to compare client problem levels as well as to compare outcome results. Treatment center staff would be able to focus services in areas where there is a demonstrated need for program improvement, or to identify new areas of service need.

Normative tables perform an additionally helpful function. Such tables permit an individual treatment center to compare its treatment population at one point in time to its population at a later point in time. Based on this information, a treatment center is able to empirically describe the changes in its clients over time and to make necessary changes in the services provided. For example, a treatment center that provides services predominantly for mentally ill substance abusers may develop initial baseline norms for its population during the year the facility opens. Another set of norms, gathered in the second year of operations, may show that the psychiatric severity of the population has significantly increased. This type of information may lead to alterations in treatment staffing and services offered.

The treatment field will benefit if treatment providers collect and publish standard, normative data for various populations of substance abusers who seek treatment, including those from various Native American tribes. These data are not yet available. However, the widening use of the ASI could permit the development of these normative data in the near future. Publication of such new, normative data would increase the value and utility of the ASI instrument.

A NOTE ON RELIABILITY AND VALIDITY OF THE ASI MODULES

The ASI (5th edition) has been shown to be reliable and valid among a rather wide range of substance abusers presenting for treatment. These groups include substance-abusing people who are incarcerated, mentally ill, homeless, or pregnant, in addition to Native Americans and various other ethnic and special population groups. The ASI developers at the University of Pennsylvania/Philadelphia VA Medical Center have collaborated with many clinicians and researchers on how to use the instrument with different populations. Yet clearly, more complete reliability or validity studies of the ASI instrument still need to be conducted with specific populations.

More complete studies are needed because of various circumstances that are likely to reduce the value of the data gathered with the ASI. For example, under certain circumstances, subjects can be expected to provide honest answers to the ASI because they have little reason to give false information. Such a scenario exists for subjects who are self-referred, seek treatment voluntarily, and have the ASI administered by an independent and trained interviewer. On the other hand, some subjects are much more likely to give false information. This circumstance could occur, for example, when individuals are being evaluated for probation, parole, or for prison sentencing. Oddly, this misrepresentation may not always be in the direction we would expect. When evaluating incarcerated clients, an interviewer may expect that inmates will be likely to minimize their reported substance use, since letting authorities or providers know that drugs or alcohol are available within the system could result in unpleasant complications. However, what the interviewer may not know is that an inmate who reports extensive substance abuse problems may be transferred out of the traditional incarceration facility and into a more desirable incarceration/treatment unit.

Similarly, there is often reason to suspect denial and misrepresentation when the ASI is used with psychiatrically ill substance abusers who are not necessarily seeking—and may possibly be avoiding—treatment. Although the ASI has been designed with built-in consistency checks, which are of some benefit in these circumstances, the substance abuse treatment field currently has no suitable *alternative* instrument or procedure available that will *ensure* valid, accurate responses under all conditions.

Chapter 3—Further Development of An ASI for Native Americans

Because the information used to create the pilot instrument, the North Dakota State adaptation of the ASI for use with Native Americans, was collected in North Dakota only, this chapter contains suggestions of further development of an ASI to be used with Native American clients from other tribes who are presenting for substance abuse treatment.

SUGGESTIONS FOR FURTHER DEVELOPMENT OF A NATIVE AMERICAN VERSION OF THE ASI

We suggest that the following steps should be undertaken by a group of researchers who work within the following parameters.

1. Collect ASI data from representative samples of Native Americans seeking substance abuse treatment from the specific tribes of interest.

2. Broaden the scope of the project. Several additional themes that were outside the scope of the present project emerged in the data collection. These themes, which should be addressed in future development of this or any other instrument for working with Native American substance abusers, include:

    - Inclusion or addition of a legal section that addresses conflict with tribal law, jurisdiction, and proceedings

    - Increased assessment of problems of domestic violence, along with an assessment of desire for help with anger management

    - Requests for Native American treatment staff

    - Requests for increased availability to practice or learn about Native American religious and cultural ceremonies during treatment, including sweat lodges, sun dances, and other such practices

3. Expand the psychometric testing on the reliability and validity of the ASI instrument when modified.

Various studies have assessed the reliability and validity of the ASI 5th edition instrument (McLellan et al. 1992). While there is no evidence that simply adding questions to the instrument would diminish the reliability and validity of the data, comprehensive scientific studies have not been completed comparing the ASI data collected in its original form with ASI data collected when additional questions are added. This is true even though numerous versions or modifications of the ASI have been created and are currently in use. Only one study has touched on this type of validity (Brown et al. 1993). This study shows that the predictive validity for the ASI-Female Version is very similar to the predictive validity for the original ASI. Further studies should focus on the test-retest validity of the original ASI items when administering an adapted ASI instrument.

Part II

Chapter 4—Addiction Severity Index, Fifth Edition, North Dakota State Adaptation for Use With Native Americans

Chapter 5—Addiction Severity Index Revised User's Guide: North Dakota State Adaptation for Use With Native Americans

Chapter 4—Addiction Severity Index, Fifth Edition, North Dakota State Adaptation for Use With Native Americans

Addiction Severity Index, 5th Edition
North Dakota State Adaptation for Use With Native Americans

Designed with Consideration for Native American Cultural and Ceremonial Practices

Deni Carise, Ph.D.
Kerry Wicks, M.S.
A. Thomas McLellan, Ph.D.
Petra Olton

INTRODUCING THE ASI: Eight potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, Psychological, and Spiritual and Ceremonial. All clients receive the same standard interview. All information gathered is ***confidential***.

We will discuss two time periods:

1. The past 30 days
2. Lifetime data

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you in the area being discussed.

The scale is:
0–Not at all
1–Slightly
2–Moderately
3–Considerably
4–Extremely

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!
Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of comments and include the question number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
3. X = Question not answered.
   N = Question not applicable.
4. Stop the interview if the client misrepresents two or more sections.
5. Tutorial and coding notes are preceded by •.

INTERVIEWER SCALE:
0–1 = No problem
2–3 = Slight problem
4–5 = Moderate problem
6–7 = Severe problem
8–9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

PROBE AND MAKE PLENTY OF COMMENTS!

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Painkillers = Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sedatives/ Hypnotics/ Tranquilizers	Benzodiazepines, Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown Chloral Hydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Freebase Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Just note if these are used:
Antidepressants
Ulcer Medications—Zantac, Tagamet
Asthma Medications—Ventoline Inhaler, Theo-Dur
Other Medications—Antipsychotics, Lithium

DRUG/ALCOHOL USE INSTRUCTIONS:
This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30-day questions require only the *number* of days used.
- Lifetime use is asked to determine extended periods of *regular* use. It refers to the time prior to the past 30 days.
- Regular use = 3+ times per week, 2+ day binges, or problematic, irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk"; use the words "felt the effects," "got a buzz," "high," etc. instead of "intoxication." As general rule, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
  - ✓ How many days in the past 30 days have you used…?
  - ✓ How many years in your life have you *regularly* used…?

BEST COPY AVAILABLE

ASI-NAV: Addiction Severity Index, 5th Edition

GENERAL INFORMATION

G1. Identification No.: ☐☐☐☐☐☐☐☐☐

G2. Social Security No.: ☐☐☐ – ☐☐ – ☐☐☐☐

G4. Date of Admission: ☐☐ / ☐☐ / ☐☐☐☐ (Month/Day/Year)

G5. Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐ (Month/Day/Year)

G8. Class: 1. Intake 2. Follow-up ☐

G9. Contact Code: 1. In person 2. Telephone ☐
(Intake ASI must be in person)

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No./Initials: ☐☐☐

G12. Special: ☐
1. Patient terminated (by interviewer)
2. Patient refused to complete
3. Patient unable to respond
N. Not applicable

____
Name

____
Address 1

____
Address 2

____
City State Zip Code

G14. How long have you lived at this address? ☐☐ / ☐☐ (Years/Months)

G15. Is this residence owned by you or your family? ☐
0–No 1–Yes

G35. Is this located on a reservation? 0–No 1–Yes ☐

G16. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (Month/Day/Year)

	SEVERITY PROFILE									
PROBLEMS	0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUPPORT										
ALCOHOL										
DRUGS										
LEGAL										
FAMILY/SOCIAL										
PSYCH.										
SPIRITUAL AND CEREMONIAL										

G29. What tribe(s) do you consider yourself part of? ☐
Specify:____________________
____

G36. Are you enrolled? 0–No 1–Yes ☐
Specify tribe:____________________

G18. Do you have a religious or spiritual preference? ☐
1. Protestant
2. Catholic
3. Jewish
4. Islamic
5. Other
6. None
7. Native American Spiritual Practices (sun dance ceremonies, sweat lodges, etc.)
8. Native American Church

Specify:____________________

G30. Are you currently practicing this religious or spiritual preference? 0–No 1–Yes ☐

G19. Have you been in a controlled environment in the past 30 days? ☐
1. No
2. Jail
3. Alcohol/Drug Treatment
4. Medical Treatment
5. Psychiatric Treatment
6. Other:____________

- A controlled environment is a place, theoretically, without access to drugs/alcohol.

G20. How many days? ☐☐
- "NN" if G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

G21. ____________________ ☐☐☐☐

G22. ____________________ ☐☐☐☐

G23. ____________________ ☐☐☐☐

G24. ____________________ ☐☐☐☐

G25. ____________________ ☐☐☐☐

G26. ____________________ ☐☐☐☐

G27. ____________________ ☐☐☐☐

G28. ____________________ ☐☐☐☐

COMMENTS

(Include the question number with your notes)

____
____
____
____
____

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? ☐☐
- Include ODs and DTs. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem? ☐☐/☐☐ (Years/Months)
- If M1 = None, then this should be "NN."

M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes If Yes, specify in Comments. ☐
- A chronic medical condition is a serious physical or medical condition that requires regular care (i.e., medication, dietary restriction) and prevents full advantage of abilities, such as diabetes, high blood pressure, heart disease, etc.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0–No 1–Yes If Yes, specify in Comments. ☐
- Medication prescribed by a physician for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them.

M15. Number of months pregnant: ☐☐ (Months)
- "N" for males, "0" for not pregnant

M5. Do you receive a pension for a physical disability? 0-No 1- Yes If Yes, specify in Comments. ☐
- Includes any type of financial compensation for a physical disability, i.e., worker's compensation, pension, SS. Do not include psychiatric disability.

M16. Have you ever sought medical help from a tribal medicine person? 0–No 1–Yes ☐
- Not a traditionally educated provider such as an M.D. or R.N.

M17. How many days in the past 30 days have you sought help from a tribal medicine person? ☐☐

M6. How many days in the past 30 days have you experienced medical problems? ☐☐
- Include flu, colds, etc.

Patient's Rating
(0–4 Scale)

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐
- Restrict response to problem days of M6.

M8. How important to you now is treatment for these medical problems? ☐
- Refers to the need for additional medical treatment by the patient.

Interviewer Severity Rating
(0–9 Scale)

M9. How do you rate the patient's need for medical treatment? ☐
- Refer to the patient's need for additional medical treatment.

Confidence Rating

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0–No 1–Yes ☐

M11. Patient's inability to understand? 0–No 1–Yes ☐

COMMENTS
(Include question number with your notes)

BEST COPY AVAILABLE

EMPLOYMENT/SUPPORT STATUS

E1. Education completed: ☐☐ / ☐☐ (Years/Months)
- Public schools
- Non-Indian school specific, include college
- GED = 12 years, note in Comments
- Include formal education only

E27. Education completed in:

	Years		Months
BIA Boarding Schools (on your reservation)	☐☐	/	☐☐
BIA Boarding Schools (not on your reservation)	☐☐	/	☐☐
Tribal Boarding Schools	☐☐	/	☐☐
Church/Mission Boarding Schools	☐☐	/	☐☐
Non-boarding Schooling, on reservation	☐☐	/	☐☐

E2. Training or technical education completed: ☐☐ (Months)
- Formal/organized training only

E3. Do you have a profession, trade, or skill? 0–No 1–Yes ☐
If Yes, specify ______________________________
- Employable, transferable skill acquired through training.

E4. Do you have a valid driver's license? 0–No 1–Yes ☐
If No, specify the reason in Comments
- Valid license; not suspended/revoked, never sought.

E5. Do you have an automobile available for use? ☐
0–No 1–Yes
- If E4 = No, then this must be No. Does not require ownership, only requires availability on a regular basis.

E6. How long was your longest full-time job? ☐☐ / ☐☐ (Years/Months)
- Full-time = 40+ hours weekly.

E8. Does someone contribute to your support in any way? ☐
0–No 1–Yes
- Is patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.

E9. Does this constitute the majority of your support? ☐
0–No 1–Yes
- "N" (for not applicable) if E8 is No.

E10. Usual employment pattern in the past 3 years? ☐

1. Full time (40 hours/week)	5. Service/Military
2. Part time (regular hours)	6. Retired/Disability
3. Part time (irregular hours)	7. Unemployed
4. Student	8. In controlled environment

- Answer should represent the majority of the past 3 years, not just the most recent selection. If there are equal times for more than one category, select the one that best represents the more current situation.

COMMENTS
(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS (cont.)

E11. How many days were you paid for working in the past 30 days? ☐☐
- Include "under the table" work, paid sick days, and vacation.

How much money did you receive from the following sources in the past 30 days?

E12. Employment? ☐☐☐☐☐
- Net or "take home" pay. Include "under the table" money. From Days in E11.

E13. Unemployment compensation? ☐☐☐☐☐

E14. Welfare or public assistance? ☐☐☐☐☐
- Include food stamps, transportation, money provided by an agency to go to and from treatment.

E15. Pension, benefits, or Social Security? ☐☐☐☐☐
- Include disability, pensions, retirement, veteran's benefits, SSI, SSDI and worker's compensation.

E16. Mate, family, or friends? ☐☐☐☐☐
- Money for personal expenses, (e.g., clothing); include unreliable sources of income. Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.

E17. Illegal? ☐☐☐☐☐
- Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.

E28. Government payment for land/land lease? ☐☐☐☐☐

E18. How many people depend on you for the majority of their food, shelter, etc.? ☐☐
- Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30 days? ☐☐
- Include inability to find work, training, or schooling, or problems with the present job in which that job is jeopardized.

Patient's Rating
(0–4 Scale)

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐
- If the patient has been incarcerated or detained during the past 30 days, he or she cannot have employment problems. In that case, an "N" response is indicated.

E21. How important to you now is counseling for these employment problems? ☐
- Stress help in finding or preparing for a job, not giving the client a job.

Interview Severity Rating
(0–9 Scale)

E22. How would you rate the patient's need for employment counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

E23. Patient's misrepresentation? 0–No 1–Yes ☐

E24. Patient's inability to understand? 0–No 1–Yes ☐

COMMENTS
(Include question number with your notes)

DRUG/ALCOHOL USE

Route of Administration:

1 Oral, 2 Nasal, 3 Smoking, 4 Non-IV Injection, 5 IV Injection

- Note the usual or most recent route. For more than one route, choose the highest number for the most severe. Use common or street names provided in grid on front page.

	Past 30 Days	Years of Regular Use	Age at First Use	Route of Admin	Date of Last Use	
					Month	Year
D1. Alcohol (any use at all)	☐☐	☐☐	☐☐	▨	☐☐/	☐☐
D2. Alcohol (5 or more drinks)	☐☐	☐☐	☐☐	▨	☐☐/	☐☐
D3. Heroin	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D4. Methadone	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D5. Other Opiates/ Analgesics	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D6. Barbiturates	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D7. Sedatives/ Hypnotics/ Tranquilizers	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D8. Cocaine	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D9. Amphetamines	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D10. Cannabis	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D11. Hallucinogens (include peyote)	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D12. Inhalants	☐☐	☐☐	☐☐	☐	☐☐/	☐☐
D13. More than one substance per day (include alcohol)	☐☐	☐☐	☐☐	▨	☐☐/	☐☐

D14. According to the interviewer, which substance(s) are the major problem? ☐☐

00 = No problem
01-12 = From list above
15 = Alcohol and one or more drugs
16 = More than one drug

D15. How long was your last period of voluntary abstinence from this major substance? (Substance identified in D14.) ☐☐ (Months)

- Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration *do not count*. Periods of Antabuse, methadone, or naltrexone *do count*. Show only periods 30 days or greater. 00 = never abstinent.

D16. How many months ago did this abstinence end? ☐☐ (Months)

- Refers to Question D15; 00 = still abstinent.

D42. Have you used any of the drugs listed above as part of a religious practice or spiritual ceremony? ☐

0-No 1-Yes

- Specify drugs used: (Use codes D1-D13) listed above) ☐☐ ☐☐

COMMENTS

(Include question number with your notes)

DRUG/ALCOHOL USE (cont.)

COMMENTS
(Include question number with your notes)

D43. Is this use approved or provided by tribal leaders or a medicine person? 0–No 1–Yes ☐

D45. Is this use common practice in your traditional ways? ☐

D44. Have any traditional Native American cultural practices, such as sweat lodges, sun dances and prayer meetings, been helpful for you in achieving or maintaining abstinence? ☐

How many times have you:

D17. Had alcohol DTs? ☐☐

D18. Overdosed on drugs? ☐☐

How many *times* in your life have you been treated for:

D19. Alcohol abuse ☐☐

D20. Drug abuse ☐☐
- Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period)

How many of these were detox *only*?

D21. Alcohol ☐☐

D22. Drugs ☐☐
- NN if D19 OR D20 = "00"

How many of these provided Native American-specific groups or focus?

D36. Alcohol ☐☐

D37. Drugs ☐☐
- From D19 and D20
- NN if D19 OR D20 = "00"

How many of these included Native American treatment providers/counselors?

D38. Alcohol ☐☐

D39. Drugs ☐☐
- From D19 and D20
- NN if D19 OR D20 = "00"

How many of these treatments were provided on reservations?

D40. Alcohol ☐☐

D41. Drugs ☐☐
- From D19 and D20
- NN if D19 OR D20 = "00"

BEST COPY AVAILABLE

DRUG/ALCOHOL USE (cont.)

How much money would you say you spent during the past 30 days on:

D23. Alcohol ☐☐☐☐

D24. Drugs ☐☐☐☐
- Only count actual money spent. What is the financial burden caused by drugs/alcohol?

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include AA/NA) ☐☐

How many days in the past 30 days have you experienced:

D26. Alcohol problems? ☐☐

D27. Drug problems? ☐☐
- Include: Craving, withdrawal symptoms, disturbing effects of use or wanting to stop and being unable to, and difficulty staying sober.

Patient's Rating
(0–4 Scale)

How troubled or bothered have you been in the past 30 days by:

D28. Alcohol problems? ☐☐

D29. Drug problems? ☐☐

How important to you now is treatment for:

D30. Alcohol problems? ☐☐

D31. Drug problems? ☐☐
- The patient is rating the need for additional substance abuse treatment.

Interviewer Rating
(0–9 Scale)

How would you rate the patient's need for treatment for:

D32. Alcohol problems? ☐☐

D33. Drug problems? ☐☐

Confidence Rating

Is the above information significantly distorted by:

D34. Patient's misrepresentation? 0–No 1–Yes ☐

D35. Patient's inability to understand? 0–No 1–Yes ☐

COMMENTS
(Include question number with your notes)

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0–No 1–Yes ☐
If Yes, specify in Comments.
- Judge, probation/parole officer, etc.

L2. Are you on parole or probation? 0–No 1–Yes ☐
If Yes, note duration and level in Comments.

How many times in your life have you been arrested and charged with the following?

L3. Shoplifting/Vandalism	☐☐	L10. Assault	☐☐
L4. Parole/Probation Violations	☐☐	L11. Arson	☐☐
L5. Drug Charges	☐☐	L12. Rape	☐☐
L6. Forgery	☐☐	L13. Homicide/ Manslaughter	☐☐
L7. Weapons Offense	☐☐	L14. Prostitution	☐☐
L8. Burglary/Larceny/ Breaking and Entering	☐☐	L15. Contempt of Court	☐☐
L9. Robbery	☐☐	L16. Other: ______	☐☐

- Include total number of counts, not just convictions. Do not include juvenile (pre age 18) crimes, unless the client was charged as an adult. Include formal charges only.

L17. How many of these charges resulted in convictions? ☐☐
- "NN" if Question L3–16 = "00"
- Do not include misdemeanor offenses in Questions L18–20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas, plea bargains.

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication? ☐☐

L19. Driving while intoxicated? ☐☐

L20. Major driving violations? ☐☐
- Moving violations: speeding, reckless driving, no license, etc.

L21. How many months have you been incarcerated in your life? ☐☐ (Months)
- List total number of months incarcerated.

L22. How long was your last incarceration? ☐☐ (Months)
- Enter "NN" if never incarcerated.

L23. What was it for? ☐☐
- Use code L3–L16, L18–L20. If multiple charges, use most severe code. Enter "NN" if never incarcerated.

COMMENTS
(Include question number with your notes)

LEGAL STATUS (cont.)

L24. Are you presently awaiting charges, trial, or sentencing? 0–No 1–Yes ☐

L25. What for? ☐☐
- Refers to Question L24. If more than one, choose the most severe.
  Don't include civil cases unless a criminal offense is involved.

L26. How many days in the past 30 days were you detained or incarcerated? ☐☐
- Include being arrested and released on the same day.

L27. How many days in the past 30 days have you engaged in illegal activities for profit? ☐☐

Patient's Rating
(0–4 Scale)

L28. How serious do you feel your present legal problems are? ☐

L29. How important to you now is counseling or referral for these legal problems? ☐
- Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

Interviewer Severity Rating
(0–9 Scale)

L30. How would you rate the patient's need for legal services or counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0–No 1–Yes ☐

L32. Patient's inability to understand? 0–No 1–Yes ☐

COMMENTS
(Include question number with your notes)

FAMILY HISTORY

In the boxes below, indicate which of these dependencies or other personal problems you are aware of in members of your family.

A = Alcoholism
D = Illegal Drug Dependence
P = Prescription Drug Dependence
T = Cigarette Smoker
G = Compulsive Gambler

R = In Recovery
S = Sexual Addiction
Su = Suicide
V = Violence or Frequent Rages
MI = Mental Illness

If you wish, write the initials of each person in this corner of each box.

Maternal Family Background

Mother's mother	Mother's father	Mother	Mother's brothers/sisters (additional boxes below)		

Paternal Family Background

Father's mother	Father's father	Father	Father's brothers/sisters (additional boxes below)		

Your Generation

Former Spouse/Partner	Spouse or Partner	Yourself	Your brothers/sisters (additional boxes below)		

Your Children

Additional Family (Indicate whether they are brother, sister, aunt, or uncle.)

COMMENTS

FAMILY/SOCIAL RELATIONSHIPS

COMMENTS
(Include question number with your notes)

F1. Marital Status: ☐
1–Married 3–Widowed 5–Divorced
2–Remarried 4–Separated 6–Never Married
- Common-law marriage = "1". Specify in Comments.

F2. How long have you been in this marital status? ☐☐ / ☐☐ (Years/Months)
- If never married, then since age 18.

F3. Are you satisfied with this situation? ☐
0–No 1–Indifferent 2–Yes
- Satisfied = generally liking the situation. Refers to Questions F1 and F2.

F4. Usual living arrangements (past 3 years): ☐
1–With sexual partner and children
2–With sexual partner alone
3–With children alone
4–With parents
5–With family
6–With friends
7–Alone
8–Controlled environment
9–No stable arrangement
- Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, code the most recent arrangement.

F5. How long have you lived in these arrangements? ☐☐ / ☐☐ (Years/Months)
- If with parents or family, since age 18.
- Code years and months living in arrangements from Question F4.

F6. Are you satisfied with these arrangements? ☐
0–No 1–Indifferent 2–Yes

Do you live with anyone who:

F7. Has a current alcohol problem? 0–No 1–Yes ☐

F8. Uses nonprescribed drugs? 0–No 1–Yes ☐

F61. Is supportive of your recovery? 0–No 1–Yes ☐

F9. With whom do you spend most of your free time? ☐
1–Family 2–Friends 3–Alone
- If a girlfriend/boyfriend is considered as family by patient, then the patient must refer to this person as family throughout this section, not as a friend. Family is not to be referred to as "friend."

F10. Are you satisfied with spending your free time this way? ☐
- A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.

F11. How many close friends do you have? ☐
- Stress that you mean *close*. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

F76. How many of these friends are Native American? ☐

F70. With whom do you feel the most comfortable? ☐
1–Native American 3–Other
2–White 4–Indifferent

BEST COPY AVAILABLE

FAMILY/SOCIAL RELATIONSHIPS (cont.)

After treatment, will you return to an environment that:

F65. Is supportive of your recovery? 0–No 1–Yes ☐

F66. Offers community services to help you in your recovery? 0–No 1–Yes ☐

F67. Offers accessible self-help meetings? 0–No 1–Yes ☐

F58. Have you ever lived on a reservation? 0–No 1–Yes ☐

F59. How many years of your life did you live on reservations? ☐☐ / ☐☐ (Years/Months)

F60. Are you satisfied living on reservations? 0–No 1–Indifferent 2–Yes ☐

Would you say you have had a close, long-lasting, personal relationship with any of the following people in your life:

F12. Mother	☐	F15. Sexual Partner/Spouse	☐
F13. Father	☐	F16. Children	☐
F14. Brothers/Sisters	☐	F17. Friends	☐

0 = Clearly No for all in class X = Uncertain or unknown
1 = Clearly Yes for any in class N = Never had a relative in category

Have you had significant periods in which you have experienced serious problems getting along with: 0–No 1–Yes	Past 30 Day	In Your Life
F18. Mother	☐	☐
F19. Father	☐	☐
F20. Brothers/Sisters	☐	☐
F21. Sexual Partner/Spouse	☐	☐
F22. Children	☐	☐
F23. Other Significant Family If Yes, specify in Comments	☐	☐
F24. Close friends	☐	☐
F25. Neighbors	☐	☐
F26. Coworkers	☐	☐

- "Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.

COMMENTS
(Include question number with your notes)

BEST COPY AVAILABLE

FAMILY/SOCIAL RELATIONSHIPS (cont.)

Has anyone ever abused you? 0–No, 1–Yes	Past 30 Days	In Your Life
F27. Emotionally? • Made you feel bad through harsh words.	☐	☐
F28. Physically? • Caused you physical harm.	☐	☐
F29. Sexually? • Forced sexual advances/acts.	☐	☐

Have you ever abused anyone? 0–No, 1–Yes	Past 30 Days	In Your Life
F62. Emotionally? • Made someone feel bad through harsh words.	☐	☐
F63. Physically? • Caused someone physical harm.	☐	☐
F64. Sexually? • Forced sexual advances/acts.	☐	☐

How many days in the past 30 days have you had serious conflicts with:

F30. Your family? ☐☐

F31. Other people (excluding family)? ☐☐

Patient's Rating

(0-4 Scale)

How troubled or bothered have you been in the past 30 days by:

F32. Family problems? ☐

F33. Social problems? ☐

How important to you now is treatment or counseling for:

F34. Family problems? ☐
- Patient is rating the need for counseling for family problems, not whether he or she would be willing to attend counseling.

F35. Social problems? ☐
- Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

Interviewer Severity Rating

(0-9 Scale)

F36. How would you rate the patient's need for family and/or social counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

F37. Patient's misrepresentation? ☐

F38. Patient's inability to understand? ☐

COMMENTS

(Include question number with your notes)

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

COMMENTS
(Include question number with your notes)

P1. In a hospital or inpatient setting? ☐☐

P2. As an outpatient or private patient? ☐☐
- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in Comments if known.

P3. Do you receive a pension for a psychiatric disability? ☐
0–No 1–Yes
- Include any financial compensation; SSI, SSDI, etc.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: 0–No 1–Yes

	Past 30 Days	In Your Life
P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?	☐	☐
P5. Experienced serious anxiety/tension, are uptight, unreasonably worried, unable to feel relaxed?	☐	☐
P6. Experienced hallucinations, saw things or heard voices that others did not see or hear? • **Not related to religious/ceremonial practices.**	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering?	☐	☐
P8. Experienced trouble controlling violent behavior, including episodes of rage, or violence? • Patient can be under the influence of alcohol/drugs.	☐	☐
P9. Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his or her life. • Patient can be under the influence of alcohol/drugs.	☐	☐
P10. Attempted suicide? • Include actual suicidal gestures or attempts. • Patient can be under the influence of alcohol/drugs.	☐	☐
P11. Been prescribed medication for any psychological or emotional problems? • Prescribed for the patient by an M.D. "Yes" if a medication was prescribed, even if the patient is not taking it.	☐	☐

P12. How many days in the past 30 days have you experienced these psychological or emotional problems? ☐☐
- This refers to problems noted in Questions P4–P9.

BEST COPY AVAILABLE

PSYCHIATRIC STATUS (cont.)

Patient's Rating
(0–4 Scale)

P13. How troubled or bothered have you been in the past 30 days by these psychological or emotional problems? ☐
- Patient should be rating the problem days from Question P11.

P14. How important to you now is treatment for these psychological or emotional problems? ☐

The following items are to be completed by the interviewer:

At the time of the interview, the patient was: 0–No, 1–Yes

P15. Obviously depressed/withdrawn ☐

P16. Obviously hostile ☐

P17. Obviously anxious/nervous ☐

P18. Having trouble with reality testing, thought disorders, paranoid thinking ☐

P19. Having trouble comprehending, concentrating, remembering ☐

P20. Having suicidal thoughts ☐

Interviewer Severity Rating
(0–9 Scale)

P21. How would you rate the patient's need for psychiatric/psychological treatment? ☐

Confidence Rating

Is the above information significantly distorted by:

P22. Patient's misrepresentation? 0–No, 1–Yes ☐

P23. Patient's inability to understand? 0–No, 1–Yes ☐

COMMENTS
(Include question number with your notes)

SPIRITUAL AND CEREMONIAL PRACTICES

S1. Do you have a belief in a "God," a "Higher Power," or "Creator"? 0–No 1–Yes ☐

Concerning your spiritual life, what changes would you like help making? 0–No, 1–Yes

S2. Learning more about prayer? ☐

S3. Learning more about meditation? ☐

S4. Education about a particular religion/spirituality? ☐
- If Yes, specify in Comments.

S5. Changing attitude toward God/Creator? ☐

S6. Do you have a spiritual leader or traditional/cultural person available for guidance? 0–No 1–Yes ☐

S7. Do you seek out and utilize this person from time to time? 0–No 1–Yes ☐

S8. Are you comfortable with your spirituality and beliefs? 0–No 1–Indifferent 2–Yes ☐

Do you regularly participate in:

S9. Native American religious ceremonies/activities (sweat lodges, sun dances, etc.)? 0–No 1–Yes ☐

S10. Native American Church meetings? 0–No 1–Yes ☐

S11. Native American cultural activities? 0–No 1–Yes ☐

S12. Native American dance activities? 0–No 1–Yes ☐

S13. Are you familiar with your Native language? 0–No 1–Yes ☐

What is the primary language you speak:
1–Native language 2–English 3–Spanish 4–Other

S14. At home? ☐

S15. With friends? ☐

S16. How many days in the past 30 days have you had concerns or problems with *spiritual or cultural* practices? ☐☐

Patient's Rating
(0–4 Scale)

S17. How troubled or bothered have you been by these problems with spiritual or cultural practices? ☐

S18. How important to you now is counseling for these problems/concerns (including learning Native American cultural practices and ceremonies)? ☐

Interviewer Severity Rating
(0–9 Scale)

S19. How would you rate the patient's need for spiritual or cultural counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

S20. Patient's misrepresentation? 0–No, 1–Yes ☐

S21. Patient's inability to understand? 0–No, 1–Yes ☐

COMMENTS
(Include question number with your notes)

BEST COPY AVAILABLE

Chapter 5—Addiction Severity Index Revised User's Guide: North Dakota State Adaptation for Use With Native Americans

ADDICTION SEVERITY INDEX

Revised User's Guide

North Dakota State Adaptation for Use With Native Americans

Designed With Consideration for
Native American Cultural and
Ceremonial Practices

Revised and adapted from the ASI User's Guide
by
Deni Carise, Ph.D.

Table of Contents

How to use this manual 61

General Information 64

Medical Status 68

Employment/Support Status 79

Drug and Alcohol Use 94

Legal Status 115

Family History 126

Family/Social Relationships 128

Psychiatric Status 147

Spiritual and Ceremonial Practices 159

User's Guide for Questions Not Addressed in the ASI, North Dakota State Adaptation for Use With Native Americans 169

How to use this manual . . .

This User's Guide provides in-depth instructions for asking each question on the ASI. We consider the ASI a guide to a conversation. It is quite simply a set of questions you may find useful in gathering information about your patients. We hope that you use this information to create an individual treatment plan for each patient. This manual provides you with the following references for each item on the ASI 5th edition:

Intent/Key Points This information section describes why the particular questions in this section were included on the ASI. Sometimes, the reasons are easy to understand. Regardless, understanding the original intent can help you to use the appropriate judgment about how to code a response. The original intent of the questions forms the basis for the conventions that we have adopted and recorded in the Coding Issues section.

Suggested Interviewing Technique We recognize that many patients entering treatment may find it tiresome to answer numerous questions. In this section, we offer what we feel are the most efficient ways to phrase each question. It has been our experience that patients are more open to answering questions if they are posed in a direct, nonconfrontational manner. In many cases, we recommend that the interviewer simply read the question as written. In other cases, we offer examples of effective ways to paraphrase the question. We hope that the information in this section helps you to help the patient give you the necessary information.

Additional Probes A ***probe*** is a question that does not appear on the ASI. The probe may provide information that helps you to understand the patient's answers more fully. The ASI has been recognized by its creators as the ***minimum number of questions*** one would need to begin a treatment plan. Within this section, we offer some additional probes that you may want to ask following each question. Sometimes, asking many probes in the first part of the problem section helps the interview to flow more naturally.

Coding Issues Coding is the term used to describe the act of recording the information you receive from the patient into the boxes provided for you, using a numerical "code." Although we have been doing ASI interviews for more than 20 years, nearly every day we encounter a new situation that is difficult to code, given the choices listed on the ASI. For each question or set of questions, we offer some solutions for coding issues that have arisen at our facility. This should *not* be considered a complete list of all the potential coding issues that could arise in other populations. Additionally, it should be noted that more questions will arise with this newer, adapted version of the ASI for use with Native Americans in North Dakota.

Cross-checks Similar bits of information are gathered in several sections of the ASI. An alert interviewer can use these internal cross-checks to verify information with the patient throughout the interview. For some items on the ASI, we provide a list of a few other items that are related to it within the interview.

Additional Notes A note on the sequencing of questions—You will notice that the ASI questions are not in numerical order within the sections. For example, in the drug and alcohol section, the questions numbered D36 and D40 will follow questions numbered D21 and D22. This is common throughout the instrument and is due to the number of modifications made on the ASI instrument and the desire to maintain the numbering on original ASI questions regardless of the version being used.

When new questions are inserted into the ASI 5th Edition, the numbering for these questions will start with the last utilized number in that section even though the question may be placed anywhere within the document. With this procedure, original ASI questions will always retain the same question number, and can be readily analyzed across the versions.

Cover Page—On the cover page of the ASI, we have provided interviewer instructions, how to introduce the ASI to the client, and some drug and alcohol specific guidelines as well as a list of commonly used drugs.

It is important to differentiate items that are ***not applicable*** to the patient (which should be ***coded as "N"***), from items that the patient ***cannot understand or will not answer*** (which should be ***coded as "X"***). ***Please code all items.***

Patient's Rating Scale It is especially important that the patient develop the ability to communicate the extent to which he or she has experienced problems in each of the selected areas, and the extent to which he or she feels treatment for these problems is important. These subjective estimates are central to the patient's participation in the assessment of his or her condition.

In order to standardize these assessments, we have employed a 5-point (0–4) scale for patients to rate the severity of their problems and the extent to which they feel treatment for them is important.

0–Not at all
1–Slightly
2–Moderately
3–Considerably
4–Extremely

For some patients, it is adequate to simply describe the scale and its values at the beginning of the interview and occasionally thereafter. For other patients, it may be necessary to arrive at an appropriate response in a different fashion. The interviewer's overriding concern on these items is to get the patient's opinion. Getting the patient to use his or her own language to express an opinion is more appropriate than forcing a choice from the scale.

Several problems with regard to these ratings can occur. For example, the patient's rating of the extent of problems in one area should not be based on his or her perception of any other problems. The interviewer should attempt to clarify each rating as a separate problem area and focus the time period on the previous 30 days. Thus, the rating should be made on the basis of current, actual

BEST COPY AVAILABLE

problems, not potential problems. If a patient has reported no problems during the previous 30 days, then the extent to which he or she has been bothered by those problems must be "0," and the interviewer should ask a confirmatory question as a check on the previous information.

> *"Since you say you have had no medical problems in the past 30 days, can I assume that, at this point, you don't feel the need for any medical treatment?"*

Note: If the patient is not able to understand the nature of the rating procedure, then insert an "X" for those items. Questions for the Patient's Rating Scale are described in each section.

General Information

DEMOGRAPHIC QUESTIONS:

This series of items was designed to provide administrative information. Many facilities may wish to change this section to collect necessary local information regarding insurance coverage, particular program codes, referral arrangements, case manager assignments, etc. ***This is entirely appropriate***; even completely different face sheets may be used. ***Additions or changes to these items should be made freely as needed*** to reflect the administrative needs of your facility.

G1. **Identification Number:** A chart number or unique identifier may be used.

G2. **Social Security Number:** Enter the patient's social security number here.

G4. **Date of Admission:** Enter the date of admission of this current treatment episode as month–day–year. If you do not know when the patient will enter treatment, enter "xx xx xx".

G5. **Date of Interview:** Enter the date you completed the ASI as month–day–year.

G6. **This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans.**

G7. **This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans.**

G8. **Class:** Enter "1" if you are conducting an intake or baseline ASI. Most ASIs fall in this category. Enter "2" if you are conducting a follow-up ASI. These are conducted for outcome studies.

G9. **Contact Code:** Enter a "1" if you are conducting this interview in person. All intake ASIs must be done in person. Enter a "2" if this is being completed over the phone.

G10. **Gender:** Enter "1" if the patient is male, "2" if the patient is female.

G11. **Interviewer Code Number:** Your supervisor may ask you to enter an assigned interviewer code number, or place your initials in these boxes.

G12. **Special:** This box is coded "N" if the ASI interview is completed. If you cannot complete the interview: code "1" in this box if you decided to end the interview, "2" if the patient refused to complete the interview, and "3" if the patient was unable to respond due to severe withdrawal symptoms, psychiatric symptoms, intellectual limitations, or language barrier.

NAME AND ADDRESS:

Enter the patient's full name and current address. This is usually the address the patient will return to after treatment. If the patient is homeless, enter his or her most recent address.

G14. **How long have you lived at this address?** Enter the length of time at this current address as years–months. This information is used to evaluate the stability of the patient's living situation.

G15. **Is this residence owned by you or your family?** Enter "0" if the address is not owned by the patient or any family member. Enter "1" if this address is owned by the patient or a family member. This question is used to help evaluate the stability of the patient's living situation.

G17. **This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans. See the end of this Guide for in-depth instructions on this question, which is addressed in the Clinical/Training Version.**

G35. **Is this located on a reservation?** Enter "0" if the address listed is not on a reservation, or "1" if the address is on a reservation.

G16. **Date of Birth:** Enter date of birth as month–day–year. The patient's age will be an important reference in gathering data in the upcoming ASI sections.

G29. **What tribe(s) do you consider yourself part of? (Specify):** Write in the tribe or tribes the patient considers himself or herself part of. Note which tribe is considered to be primary if called for.

G36. **Are you enrolled?** Enter "0" if the patient is not enrolled in any tribe. Enter "1" if the patient is officially enrolled in a particular tribe, and specify the name of the tribe.

G18. **Do you have a religious or spiritual preference?** Enter the corresponding code if the patient reports having a religious or spiritual preference. This does not apply simply to the environment in which the patient was raised, but should reflect the actual current preference of the patient. Note that options of Jewish or Islamic preferences were maintained from the original ASI. This allows for all coding to be consistent.

1. Protestant
2. Catholic
3. Jewish
4. Islamic
5. None
6. Other
7. Native American Spiritual Practices (sun dance ceremonies, sweat lodges, etc.)
8. Native American Church

G30. **Are you currently practicing this religious or spiritual preference?** Enter "0" if the patient is not practicing his or her preferred religion. Enter "1" if the patient is practicing his or her religion.

G19. **Have you been in a controlled environment in the past 30 days?**
G20. **How many days?**

Intent/Key Points

The intent of Questions G19 and G20 is to evaluate the patient's access to drugs or alcohol in the past 30 days. A controlled environment will refer to a ***living situation in which the subject was restricted in his or her freedom of movement and access to alcohol and drugs.*** This is usually residential status in a treatment setting or penal institution. A halfway house is generally ***not*** a controlled environment.

Suggested Interviewing Technique

Read the question as written. Providing the patient with examples can help him or her to understand what you mean by the term "controlled environment."

> *"Mr. Smith, in the past 30 days, have you spent any time in a controlled environment—a lock-up situation like a jail, or a detox program, or a medical hospital—any place where you may not have been able to get drugs and alcohol as easily as in your neighborhood?"*

Coding Issues

- If the subject was in two types of controlled environments, enter the number corresponding to the environment in which he or she spent the majority of time. Code Item G19 to reflect the ***total time in all settings.***

- If the response to Item G19 is "1," enter "N" for Item G20.

Cross-check

✓ Cross-check this item with all items that include information about the past 30 days. For example, if the patient has been in a controlled environment for 25 out of the 30 days, he or she generally would not have used drugs or alcohol on more than 5 days. If the patient reports using on days he or she was in a controlled environment, record a comment that explains the details.

✓ Cross-check items within various sections that will be reflected by this coding. For example, if the patient reports that he or she has been incarcerated for the last 6 months, the same information should appear in the Legal section.

BEST COPY AVAILABLE

SEVERITY PROFILE:

If you want to enter the severity ratings for the eight sections upon completing the ASI, a table is provided for your convenience.

G21–G28. Additional Test Results: These boxes are provided for your convenience if you want to enter results from any tests or assessments you have completed with the patient.

Medical Status

Introduction

The Medical Status section of the ASI helps you to gather some basic information about your patient's medical history. It addresses information about lifetime hospitalizations, long-term medical problems, and recent physical ailments. We recommend that you add questions that you consider relevant to each individual patient's treatment plan and that you make pertinent comments.

M1. How many times in your life have you been hospitalized for medical problems?

Intent/Key Points

To record basic information about the patient's physical medical history. Enter the number of ***overnight*** hospitalizations for ***medical*** problems. Also, ***include*** hospitalizations for drug overdoses and delirium tremens but ***exclude*** detoxification or other forms of alcohol, drug, or psychiatric treatment.

Suggested Interviewing Technique

Because this is the first section of the interview, the patient may be prepared to tell you about psychiatric hospitalizations or treatments for drug detoxification, rather than hospitalizations for medical problems. If this happens, we recommend that you support the patient's eagerness to tell you about drug-related problems, suggest that he or she remind you about those problems when you get to the Drug/Alcohol section, and direct the patient back to the Medical Status section. Providing examples of physical problems may help you to reinforce the message that you are interested in ***physical medical*** hospitalizations.

> *"Mr. Smith, I understand that you may want to tell me about drug detoxes. I appreciate that. Remind me about those when we get to the Drug/Alcohol section. Right now, however, I need to record a little bit of information about your medical history. How many times in your life have you been hospitalized overnight for physical medical problems, like to mend a broken bone or to get your tonsils out?"*

Note: Don't record a patient's estimate that seems to be offered without much thought, such as "I've been in the hospital probably about five or six times." Instead, ask for some of the details (year in which the hospitalization occurred, other events in the patient's life at the time) surrounding each hospitalization. By gathering much information early, through probing, you will more fully understand the patient's situation. This additional information may help you to move through the interview in a more conversational fashion.

Additional Probes

- ☐ The approximate age of the patient at each hospitalization
- ☐ The name of each hospital
- ☐ The types of medications the patient received for serious injuries

Coding Issues

- Normal childbirth would *not* be counted since it is not a medical problem resulting from sickness or injury.
- Complications resulting from childbirth should be counted and noted in the Comments section.
- Recognize that patients may get treatment for fairly serious medical problems through an emergency room. Do not include treatment received through emergency room visits unless the patient was kept overnight.

Cross-check

✓ Medical Status Item M2 (possibly)

M2. How long ago was your last hospitalization for a physical problem?

Intent/Key Points

To record basic information about the patient's medical history. Enter the number of years and months since the patient was last hospitalized for a medical problem.

Suggested Interviewing Technique

Ask the question as written unless you can tell from the previous question exactly how long ago the last hospitalization occurred.

> *"Mr. Smith, how **long ago** was your last hospitalization?"*

Note: This question is occasionally misread. It is not "How ***long*** was your last hospitalization?" You want to know how ***long ago*** was his last hospitalization.

Additional Probes

- ☐ The name of each hospital
- ☐ The types of medications the patient received for serious injuries

Coding Issues

- If the last medical hospitalization occurred within the previous month, code the blocks "00 01."
- If the patient was never hospitalized for a medical problem, enter "N."

Cross-check

✓ Medical Status Item M1 (possibly)

M3. Do you have any chronic medical problem that continues to interfere with your life?

Intent/Key Points

A chronic condition is a serious or potentially serious physical or medical condition that requires continuous or regular care on the part of the patient (for example, the condition involves medication, dietary restrictions, or an inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. Focus on and record the presence of a chronic medical problem if the patient needs continued care, *even if the patient has grown accustomed to the care.* For example, a diabetic patient may report that injecting insulin daily doesn't interfere with his or her life because it has become routine. Regardless, you would count the diabetes as a chronic medical problem.

Suggested Interviewing Technique

Provide examples and emphasize the chronic aspect of the problem. It may help to de-emphasize the problem's "interference with the patient's life" in cases in which the patient has accepted the continued care as less of an interference than a daily routine.

> *"Do you have a chronic medical problem, Mr. Smith . . . like diabetes or high blood pressure or chronic back pain?"*

Additional Probes

- ☐ Medical doctor's recognition of the problem as chronic
- ☐ Year when the problem was diagnosed
- ☐ HIV test status

Coding Issue

- If a patient states that his or her need for reading glasses or minor allergies is a chronic problem, *this is a misunderstanding* of the question. If the patient does report a valid, chronic problem, comment on the nature of that problem in the space provided.

Cross-check

✓ Medical Status Item M4 (possibly)

M4. Are you taking any prescribed medication on a regular basis for a physical problem?

Intent/Key Points

The purpose of this question is to validate the severity of the disorder by a physician's independent decision to medicate the problem. Therefore, if the medication was prescribed by a *legitimate* medical professional, for a medical (not psychiatric or substance abuse) condition, it should be counted *regardless of whether the patient actually took the medication*. Medications prescribed for only short periods of time or for specific temporary conditions (e.g., colds, detoxification) should not be counted. Only the continued need for medication should be counted (high blood pressure, epilepsy, diabetes, or similar conditions). Do not include medication for psychiatric disorders; these will be recorded later. Include nontraditional medications prescribed by tribal medicine persons.

Suggested Interviewing Technique

Ask this question as written, including the name of the chronic problem from the previous question, if appropriate.

> *"Mr. Smith, are you taking any prescribed medication on a regular basis for any medical problem? For example, you mentioned that you have high blood pressure. Are you taking any prescribed medication on a regular basis for your high blood pressure or any other medical problem?"*

Additional Probes

☐ Dosage of medication
☐ Source of the medication (name of physician, pharmacy)
☐ Compliance

Coding Issue

- Medications for sleep problems are usually temporary and generally fall under the Psychiatric section.

Cross-check

✓ Drug/Alcohol grid, Items D1–D13 (possibly)
✓ Medical Status, Item M3 (possibly)

M15. Number of months pregnant

Intent/Key Points

To evaluate the need for a medical evaluation for pregnancy, or for a more medically based treatment or prenatal care, if pregnant

Suggested Interviewing Technique

Ask of female patients only.

> *"Is there any chance that you may be pregnant now?"*

Additional Probes

☐ Date of last menstrual period
☐ Sexual activity without birth control since the last menstrual period

Coding Issues

- If the patient is unsure, enter "X."
- If patient is male, enter "N."

Cross-check

✓ M6. Patient may have had symptoms such as morning sickness.

M5. Do you receive a pension for a physical disability?

Intent/Key Points

The pension must be for a ***physical (not psychiatric)*** disability.

Suggested Interviewing Technique

Ask the question as written, and give examples.

> *"Mr. Smith, are you receiving a pension for any physical disability from any source such as the VA, Social Security, or worker's compensation?"*

Additional Probes

☐ Details of the pension
☐ Details of the medical problem that warranted the pension

Cross-check

✓ Employment/Support Item E15

M16. Have you ever sought medical help from a tribal medicine person?

M17. How many days in the past 30 days have you sought help from a tribal medicine person?

Intent/Key Points

To ascertain whether the patient has sought medical help within the Native American culture. Answers to Question M16 could indicate a preference for help from traditional sources. Question M17 would also indicate if this is the patient's current preference or if the patient has received recent medical care.

Suggested Interviewing Technique

Ask the question as written with deference to the patient's description of the provider as a medicine man, medicine person, etc.

Additional Probes

- ☐ Has the patient sought nontraditional medical help in the past month?
- ☐ Does the patient go to a tribal medicine person regularly?
- ☐ What did the patient seek help for?

Coding Issue

- Code only help sought for medical problems.

Cross-check

- ✓ M6, number of days of problems
- ✓ M3 (possibly), chronic medical problems

M6. How many days have you experienced medical problems in the past 30 days?

Intent/Key Points

Ask the patient how many days in the past 30 days he or she has experienced physical/medical problems. Do not include problems directly caused ***only*** by alcohol or drugs. This means problems such as hangovers, vomiting, or lack of sleep that would be removed if the patient were abstinent. However, if the patient has developed a continuing medical problem through substance abuse that ***would not be eliminated simply by abstinence,*** such as cirrhosis, phlebitis, or pancreatitis, include the days on which he or she experienced these problems. Include symptoms of minor ailments such as a cold or the flu.

Suggested Interviewing Technique

Ask the question as written and give examples.

Help the patient to understand that you need to record the exact number of days that he or she experienced medical problems. For example, if the patient says that he or she felt short of breath "some of the time," ask him or her to tell you the exact number of days that he or she felt short of breath. Finally, make sure that the shortness of breath was a medical problem unrelated to drug or alcohol use.

> *"Mr. Smith, how many days have you experienced any medical problems . . . anything from a cold to the flu to the back pain* [or other symptom of a chronic medical problem] *that you described earlier?"*

BEST COPY AVAILABLE

Additional Probe

☐ Identify the exact number of days; describe the problems.

Cross-check

✓ Medical Status Items M7 and M8

MEDICAL STATUS PATIENT RATING

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M8. How important to you now is treatment for these medical problems?

Intent/Key Points

To record the patient's feelings about how bothersome the previously mentioned physical ailments have been in the past month and how interested the person would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in Item M6.

Suggested Interviewing Technique

When asking the patient to rate the problem, use the problem name rather than just the term "problems." For example, if the patient reports having trouble with chest pain in the past 30 days, ask the patient Question M7 in the following way:

> *"Mr. Smith, how troubled or bothered have you been in the past 30 days by the chest pains that you mentioned . . . or by any other medical problems?"*

Ask the patient Question M8 in the following way:

> *"Mr. Smith, how important would it be for you to get (additional) treatment for the chest pains that you mentioned, or for any other medical problems?"*

If M6=0, we suggest that you ask Questions M7 and M8 in the following way, to double-check that the patient really has not had problems.

> *"So, Mr. Smith, it sounds like you haven't had any medical problems in the past 30 days. May I assume that you haven't been bothered by any medical problems?"*

Coding Issue

- For Item M8, emphasize that you mean ***additional*** medical treatment for those problems specified in Item M6.

Cross-check

✓ Medical status, Item M6. If Medical Status Question M6 equals 0, then Items M7 and M8 must equal 0 also. You can't rate the extent to which a nonexistent problem is bothersome.

MEDICAL STATUS INTERVIEWER SEVERITY RATING

M9. How do you rate the patient's need for medical treatment?

Remember the two-step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–6 in the Medical Status section).***

0–1 No problem, treatment not necessary
2–3 Slight problem, treatment probably not necessary
4–5 Moderate problem, treatment probably necessary
6–7 Considerable problem, treatment necessary
8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Medical Section

Item	Description
M1	Lifetime hospitalizations
M3	Chronic problems

Step 2: ***Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.***

For example, if the interviewer's selected three-point range is 4-5-6, and the patient reports that he or she has been *extremely* (rates it a 4) bothered and he would be *extremely* (rates it a 4) interested in treatment for medical problems, then select the highest point of the three-point range (in this case, a 6) for the severity rating in this section.

The meaning of the 6 severity rating is that treatment is necessary for the medical section. The severity rating for this section should have no effect on any other sections.

In many cases, patients suffer from conditions that may only be arrested and, at least for now, cannot be cured (diabetes, hypertension, epilepsy, etc.). If the patient seems to be taking appropriate care of his or her condition (medication, proper diet, etc.) ***and it is under control***, there may be no need for ***an additional form or type of treatment beyond the regimen he or she is currently receiving***. This patient's severity rating may be low since ***additional*** treatment is probably not necessary.

If the condition is serious and problematic, it should be rated as severe ***even if there is currently no effective treatment*** for that condition.

MEDICAL STATUS CONFIDENCE RATING

Is the above information significantly distorted by:

M10. Patient's misrepresentation?

M11. Patient's inability to understand?

Intent/Key Points

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. A code of "yes" cannot be the result of a hunch on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Coding Issue

- Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

Cross-check

- ✓ Confidence Rating in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Employment/Support Status

Introduction

The Employment/Support Status section of the ASI is designed to help you to gather some basic information about the resources your client can record on a job application, as well as his or her current sources of income. Clients may be hesitant to disclose information about illegally receiving money from two sources. For example, some clients may be working while receiving unemployment benefits. They may feel unsure about whether or not you can be trusted to keep information confidential. For this reason, we recommend that before you list the possible sources of income (Questions E12–17 and E28), you ***reinforce the assurance that any information that the client gives you during the interview remains within the treatment program***.

E1. Education completed

Intent/Key Points

To record basic information about the patient's formal education. Enter the number of years and months of completed formal education. A General Equivalency Diploma (GED) will be entered as "12," but should be noted. Correspondence school will ***not*** be entered here.

Suggested Interviewing Technique

Ask the question as written. However, don't forget to ask whether the patient received his or her or her GED. Sometimes patients earn their GED while incarcerated.

> *"Mr. Smith, how many years of education have you completed?"*

Additional Probes

☐ College major (if applicable)
☐ Name of high school or college

Coding Issue

- If a patient received an associate's degree, record 14 00; a bachelor's degree 16 00; a master's degree 18 00; or a doctorate 20 00.

E27. Education completed in:

- BIA Boarding Schools (on your reservation)
- BIA Boarding Schools (not on your reservation)
- Tribal Boarding Schools
- Church/Mission Boarding Schools
- Non-boarding Schooling, on reservation

Intent/Key Points

To record information about education received outside traditional public or private school systems. Enter the number of years and months of completed education in each area.

Suggested Interviewing Technique

Ask the questions as written.

Additional Probes

☐ Name and location of school

Coding Issues

- Years and months of education received should be counted in only one type of setting.

E2. Training or technical education completed

E3. Do you have a profession, trade, or skill?

Intent/Key Points

For Item no. E2, record basic information about the patient's formal technical education or training that could be listed on a job application. Enter the number of months of formal or organized training that the patient has completed. Try to determine whether this is valid training, such as a legitimate training program ***or an apprenticeship through a recognized on-the-job training program***. If the patient answers "yes" to Item no. E3, note what his or her trade is. Generally, a trade will be counted as any employable, transferable skill that was acquired through specialized training or education.

Suggested Interviewing Technique

It may be helpful to ask three separate questions. The first question identifies whether the patient has ever received any formal technical training.

> *"Mr. Smith, have you ever received any job training through a formal on-the-job training program or a training school like* [name of local training school]*?"*

The second question addresses the length of the course.

> *"How long did that course take to complete?"*

Finally, the third question (Item E3) identifies the patient's profession, trade, or skill. The response to Item E3 will not always coincide with the response to Item E2 (for example, a response from a school teacher who has been trained in carpentry).

> *"Do you have a profession, trade, or skill?"*

Additional Probes

☐ The name of the training institute
☐ Information about programs that the patient started but did not finish
☐ Information about the patient's skills that were acquired without a formal training program

Coding Issue

- Judgment should be used in recording training during military service. Count this training only if it has potential use in civilian life and gives the patient a marketable skill or trade. These skills could include cooking, heavy equipment operation, or equipment repair; all of which ***would be counted;*** infantry training or demolition training generally ***would not be counted.***

E4. Do you have a valid driver's license?

E5. Do you have an automobile available for your use?

E25. Are other forms of transportation available to you?

Intent/Key Points

This item (and Item no. E5) provide an indication of the patient's opportunity to become employed, since many jobs require driving while at work or at least the ability to get to work in places where public transportation is not available. A valid driver's license is a license that has not expired or been suspended or revoked. Item E5 does not necessarily require vehicle ownership but does require availability on a regular basis for personal transportation. Items E4 and E5 are to be used as indicators of the patient's ability to get to and from work.

Item 25 was added to assess adequate transportation available as part of a supportive psychosocial environment that would make outpatient treatment feasible.

Suggested Interviewing Technique

Ask these questions as written. It has been our experience that some patients have a difficult time answering these questions in a direct way. They may attempt to qualify their answers. For example, they may say, *"My license should be valid, but I just have to take care of some tickets."* For a response like this one, record that the patient has no license and code Item E5 with a "0" also.

> *"Mr. Smith, do you have a valid driver's license?"*
>
> *"Do you have an automobile available for your use, if you needed it to get to work every day?"*

Additional Probe

☐ Reason for the license being invalid

Coding Issue

- If the patient has no valid driver's license, code Item E5 with a "0," rather than an "N."

Cross-check

✓ Legal Status, Items L18 (possibly), L19 and L20

E6. How long was your longest full-time job?

Intent/Key Points

To record basic information about the patient's work history. Stress that you are interested in the ***full-time job*** the subject held for the longest time, not a part-time job.

Suggested Interviewing Technique

Ask the question as written. Emphasize "full-time."

> *"Mr. Smith, how long was your longest full-time job?"*

If the patient has a difficult time answering this question as stated, it may be helpful to gather information about the patient's current job status and work backward in time, recording information about all of his or her full-time jobs. Although it may seem as if you are doing extra work, the information will help you answer Item E10 (usual employment pattern, past 3 years).

> *"So, Mr. Smith are you currently working? How long have you been working at this job?"*
>
> *"What were you doing before this job? How long were you working at that job?"*
> and so on...

Additional Probes

☐ Names of places where the patient worked
☐ Job position title
☐ Reasons for leaving jobs
☐ Years that the patient worked at each job
☐ Information about part-time jobs

Coding Issue

- Employment while in military service will be counted only when it is beyond the subject's original enlistment period.

Cross-check

✓ Employment/Support Status Item E10 (possibly)

E7. Usual (or last) occupation

This question is not included on the ASI North Dakota State Adaptation for Use With Native Americans. See the end of this *Guide* for in-depth instruction on this question, which is addressed in the Clinical/Training Version.

E8. Does someone contribute to your support in any way?

E9. Does this constitute the majority of your support?

Intent/Key Points

To record information about additional sources of financial support. Ascertain whether the patient is receiving any regular support in the form of cash, housing, or food from a friend or family member, ***not*** an institution. A spouse's contribution to the household ***is included***.

Suggested Interviewing Technique

Ask the question as written, and give examples. Stress that you mean financial support. Help the patient to understand that financial support can mean housing and food, as well as cash.

> *"Mr. Smith, is anyone currently contributing to your support? For example, is anyone allowing you to stay with them? Is anyone putting money toward your bills? Does your wife work?"*
>
> *"Is the support that you are receiving the majority of your support?"*

Note: Clients who are living with their parents may get defensive if you ask them directly about whether their parents are helping them financially. There is no need to press them to admit that their parents are helping them. You already have information about their current address (see the General Information section). If the client reports that he or she is not paying any room and board, you may code Item E8 as "yes" (with a "1"). You might consider asking, *"Are you receiving money from any source other than your parents?"* If the answer is no, you may code Item E9 "yes" (with a "1") also.

Coding Issues

- If the information from Items E12 to E17 does not confirm the initial response from Items E8 and E9, then clarify any discrepancy.
- Code Item E9 with an "N" if the answer to Item E8 was "no."
- Record information only about financial support from individuals, not institutions, such as a Department of Public Assistance.

Cross-check

✓ Employment/Support Status Items E12–17 (support)

E10. Usual employment pattern, past 3 years

Intent/Key Points

The interviewer should determine which choice is most representative of the past 3 years, ***not simply the most recent***. Full-time work (including under the table jobs) is defined as regular and equal to or greater than 40 hours per week. Regular part-time work is a job in which the patient has a work schedule less than 40 hours per week but it is regular and sustained. Irregular part-time work refers to jobs in which the patient works on a part-time basis but does not work on a reliable schedule. When there are equal times for more than one category, record the answer that which best represents the current situation.

Suggested Interviewing Technique

It may take a series of questions to get the correct response to this item. Depending on the patient, you might consider beginning by asking about the person's current work situation and working backward in time. Other patients find it easier to think back to what they were doing 3 years ago, and work forward.

If you know the person is employed:

> *"Is your current job full-time? How long have you held this job?"*
>
> *"What kind of work did you do before this job? Was that job full-time?"*

If you know the person is unemployed:

> *"How long have you been unemployed? What were you doing in your previous job?"*
>
> *"How long did you hold that job? Was it a full-time or part-time job?"*

Regardless, the information that you finally record will represent the patient's employment pattern during *most* of the past 3 years.

Additional Probes

☐ Names of work places
☐ Amount of overtime

Coding Issues

- Record the code that corresponds to the pattern that the patient held during the greatest part of the past 3 three years. For example, you would code this item "1" for a patient who worked full-time for 2 of the last 3 years, even if the patient had not worked for the past year.
- If the patient has been employed for the past 1½ years after being unemployed for 1½ years, record that the patient was "usually" employed (although the periods of employment and unemployment were equal, the period of employment is the most recent).

Cross-check

✓ Employment/Support Status Item no. E6 (possibly)

E11. How many days were you paid for working in the past 30 days?

Intent/Key Points

To record basic information about the person's current work situation. Record the number of days in which the patient was paid (or will be paid) for working. Jobs held in a prison or in a hospital are not counted. "Under the table" jobs ***are*** included. Paid sick days and vacation days ***are*** included here.

Suggested Interviewing Technique

Ask the question as written. Emphasize that you're interested in "under the table" work also. Often patients report that they were paid for working "every day." The interviewer must clarify whether the patient worked a 5-day week (code 20), or a 6-day week (code 24). Ask for the exact number of days worked ***this month***.

> *"Mr. Smith, how many days were you paid for working, including under the table work, in the past 30 days?"*

Additional Probes

☐ Name of employer
☐ Explanation for days of work missed
☐ Days of overtime

Coding Issues

- A 5-day work week will generally be coded as "20" days of work (20 days for 4 weeks of work) and a 6-day work week will be coded as "24" days (24 days for 4 weeks of work).

Cross-check

✓ Employment/Support Status Item no. E10 (possibly)

E12–17 and E28. How much money did you receive from the following sources in the past 30 days?

Intent/Key Points

E12. Employment: This is net or "take home" pay. Also include pay for under the table work.

E13. Unemployment compensation: Self-explanatory.

E14. Welfare or public assistance: ***Include the dollar amount of food stamps here*** as well as transportation money provided by an agency to assist the patient in getting to and from treatment.

E15. Pension, benefits or Social Security: This includes pensions for disability or retirement, veterans benefits, Supplemental Security Income (SSI), and worker's compensation.

E16. Mate, family, or friends: The purpose of this question is to determine how much additional ***pocket money*** the patient had during the past 30 days, ***not*** to determine whether he or she was supported with food, clothing, and shelter. Record only money borrowed or received from one's mate, family, or friends. These refer ***only to cash payments*** given to the patient and ***not*** to an estimated value of housing and food provided. (This was assessed in Items E8 and E9.) ***Do not*** simply record the earnings of a spouse in this item; record only just the dollars ***actually given to the patient***.

E17. Illegal: This includes any ***money*** obtained illegally from drug dealing, stealing, fencing stolen goods, ***illicit*** gambling, or similar sources. If the patient has received drugs in exchange for illegal activity, ***do not attempt to convert this to a dollar value***. Simply note this in the Comments section and in the Legal section. Again, the focus is on money available to the patient, not on an estimate of the patient's net worth.

E28. Government payment for land/land lease: Native Americans may receive money from the government for use of their land. Record this amount here if money was received in the past month. If the payment is made once each year, and covers 12 months of payments, record the total amount here if it was received in the past month.

Suggested Interviewing Technique

As discussed in the Introduction to this section, assure the client that the information given during the interview is confidential and remains within the treatment program. Read the questions as written, and give examples for each item.

> *"Mr. Smith, how much money did you receive from employment in the past 30 days?"*

Additional Probe

☐ Information about bartering

Coding Issue

- Include under "Mate, family, or friends" any coincidental or windfall income from ***licit*** gambling, loans, inheritance, tax returns, or any other ***unreliable*** source of income.

Cross-check

✓ Employment/Support Status, Items E8 and E9
✓ Drug/Alcohol Item D20.

E18. How many people depend on you for the majority of their food, shelter, etc.?

Intent/Key Points

Stress that these people must ***regularly depend on the patient*** for financial support. These are not simply people to whom the patient has occasionally given money. ***Do not*** include the patient or a spouse who is self-supporting. ***Do*** include dependents who are normally supported by the patient but, due to unusual circumstances, have not received support recently. Alimony and child support payments are included to indicate persons depending on the patient, if appropriate.

Suggested Interviewing Technique

Read the question as written, and give examples.

> *"Mr. Smith, how many people depend on you for the majority of their food or shelter? For example, are any children living with you who depend on you to buy their food for them?"*

Additional Probe

☐ Is the money taken out of your check?

Cross-check

✓ Other items that refer to children or other dependents

E19. How many days have you experienced employment problems in the past 30 days?

Intent/Key Points

Include the patient's inability to find work (only if the patient has tried), or problems with present employment (if employment is in jeopardy or unsatisfactory, etc.).

Suggested Interviewing Technique

The way you ask this question depends on the information that you have about the patient so far. If the patient is working, it is appropriate to ask the question as written, and give with examples.

> *"Mr. Smith, how many days have you had employment problems in the past 30 days? For example, have you been put on probation at work for any reason?"*

If the patient *has not* worked in the past 30 days, you should ask a preliminary question, which is not coded.

> *"Have you actively looked for work in the past 30 days?"*

If the answer is "yes," ask ***how many days*** the patient actively looked for work. Record that response in Item E19 and ask Items E20 and E21. Refer to the number of days the patient could not find work as employment problems.

Additional Probe

☐ Nature of employment problems

Coding Issues

- It is important to distinguish between whether the problems reported here are simply interpersonal problems on the job (for example, can't get along with certain members of the work force) or if the problems are ***entirely*** due to alcohol/drug use. Problems such as the latter would most likely be counted under the Family/Social or the Alcohol/Drug section, rather than in this section.
- Do not include problems in "finding a job" that are directly related only to the patient's substance abuse, such as withdrawal or hangover.
- ***Do not include bad feelings about the prospects for employment*** or the wish to make more money or change jobs, ***unless*** the patient has actively attempted these changes and has been frustrated.

- In a situation in which the patient has not had the ***opportunity*** to work because of incarceration or being in some other controlled environment, it is, by definition, not possible for him or her to have had employment problems. In situations like this, in which the patient has not had the opportunity to work, the appropriate answer is a "no," and the patient ratings that follow should also be no, since they depend on the opportunity to find work.

EMPLOYMENT/SUPPORT STATUS PATIENT RATING

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. How important is it for you to get employment counseling?

Intent/Key Points

These ratings are restricted to those problems identified by Item E19. For Item E21, stress that you mean help in ***finding or preparing for a job, not giving the client a job***.

Suggested Interviewing Technique

The way you ask this question depends on the information that you have about the patient so far.

In E19, if the patient identified either a problem on the job or a problem finding a job after actively looking for one, ask Questions E20 and E21 as follows:

> *"Mr. Smith, how troubled or bothered have you been by the employment problems that you had in the past 30 days, such as the time you spent on work probation?"*

If the patient reported in Item E19 that he or she has not worked in the past 30 days, you should code Item E20 "0" without asking it. We assume that if the patient has not actively looked for work in the past month, he or she has not been bothered by employment problems. The interviewer should still ask Item no. E21 in the following way:

> *"Mr. Smith, how important would it be for you to get employment counseling?"*

Additional Probe

☐ Job sources contacted by the patient

Coding Issue

- In a situation in which the patient has not had the ***opportunity*** to work because of incarceration or being in some other controlled environment, it is, by definition, not possible for him or her to have had employment problems. In situations like this, in which the patient has not had the opportunity to work, the appropriate answer is a "no," and the patient ratings that follow should also be no, since they depend on the opportunity to find work.

Cross-check

✓ Employment/Support Status Item E19

EMPLOYMENT/SUPPORT STATUS INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling?

Remember the two step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–19 in the Employment/Support Status section).***

0–1	No problem, treatment not necessary
2–3	Slight problem, treatment probably not necessary
4–5	Moderate problem, treatment probably necessary
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Employment/Support Section

Item	Description
E1 and E2	Education and training
E3	Skills
E6	Longest full-time job
E10	Recent employment pattern

Step 2: ***Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.***

For example, if the interviewer's selected three-point range is 1-2-3, and the patient reports that he or she has been slightly (rates it a "1") bothered and he or she would only be slightly (rates it a "1") interested in job training or counseling for employment problems, select the lowest point of the three-point range (in this case, a "1") for the severity rating in this section.

The meaning of the "1" severity rating is that treatment is not necessary for problems related to employment or financial support. The severity rating for this section should have no effect on any other sections.

EMPLOYMENT/SUPPORT STATUS CONFIDENCE RATING

Is the above information significantly distorted by:

E23. Patient's misrepresentation?

E24. Patient's inability to understand?

Intent/Key Points

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. A code of "yes" cannot be the result of a "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

These questions are not to be used as "denial meters" (i.e., gauges of denial). Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The "operant" phrase here is ***"significantly distorted."*** If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Coding Issue

- Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

Cross-check

✓ Cross-check items with Confidence Rating in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Drug and Alcohol Use

Introduction

The Drug/Alcohol use section of the ASI helps to gather some basic information about the patient's substance abuse history. It addresses information about current and lifetime substance abuse, consequences of abuse, periods of abstinence, treatment episodes, and financial burden of substance abuse. We recommend that you add extra questions as you deem necessary, to complete your treatment plan. The manual addresses the "Drug Grid," Drug and Alcohol Items D1–D12 in five separate sections: the patient's use in the past 30 days, lifetime, age at first use, route of administration, and date of last use. We recommend that for each substance, you ask the questions pertaining to the past 30 days before you ask about lifetime use.

D1–12: Drug and Alcohol Use, Past 30 Days

Intent/Key Points

Past 30 days: To record information about recent substance use

Record the number of days in the past 30 days, that the patient reported any use at all of a particular substance. ***Note:*** *It is important to ask* ***all*** *substance abuse history questions regardless of the presenting problem* (for instance, an alcoholic may be combining drugs with drinking; a cocaine user may be unaware of a drinking problem).

Suggested Interviewing Technique

Be sure to ***prompt the patient*** with examples (using slang and brand names) of drugs ***for each specific category***. We recommend that you ask this question like this:

> *"Mr. Smith, how many days in the past 30 days have you used ____________?"*

Not how many **times** in the past 30 days. There is a difference between the number of days and the number of times.

Not how many drinks or "lines" or "rocks" in the past 30 days. There is a difference between the number of days and the number of drinks.

Note: Item No. D2—Alcohol (to intoxication)—does not necessarily mean getting drunk. In fact, it is ***not advisable to use the phrase "to intoxication"*** in asking the question since patients' interpretations of this phrase vary so widely. Instead, ask the number of days the patient ***"felt the effects"*** of alcohol, e.g., got a buzz, high, or drunk. If the patient gives evidence of considerable drinking yet denies feeling the effects of the alcohol, get an estimate from the patient of how much he or she has been drinking. (The patient may be denying the effects ***or*** manifesting tolerance). As a rule, in such cases, the equivalent of five or more drinks in one day, can be considered Alcohol (to intoxication) for Item D2.

Additional Probes

☐ Quantity of use per day
☐ Estimated amount of money spent on the substance per day
☐ Usage patterns (only on weekends, for example)

Coding Issues

- Prescribed medication is counted under the appropriate generic category.

- LAAM should be recorded under "Methadone." Antagonists, such as Antabuse and naltrexone, are not recorded under the substance history section but should be noted as comments at the bottom of the page.

- Cocaine is used in many forms and these often have different names. "Crack" or "rock" cocaine is simply the freebase (smokable) form of cocaine. All different forms of cocaine (e.g., crystal cocaine, snorted; freebase cocaine, smoked; crystal cocaine, injected) should be counted under the cocaine category.

Cross-check

✓ Drug/Alcohol Use, Item D13
✓ Drug/Alcohol Use, Items D19 and D20
✓ Drug/Alcohol Use, Items D23 and D24

D1–12: Drug and Alcohol Use, Lifetime Use

Intent/Key Points

To record information about extended periods of ***regular use.*** *The general rule for regular use is a frequency of three or more times per week.* However, cocaine, alcohol, and some other drugs can be regularly and severely abused in *2-day binges*. Therefore, the interviewer should probe for evidence of regular problem use, usually to the point of intoxication and to the point that it compromises other normal activities such as work, school, or family life. Problem use here will generally be obvious and ***it should be counted*** even if it is less than three times per week. If there is substantial but irregular use of any drug (less than three times per week for a month or longer), please record this under Comments but do not include it under Items D1–D12.

Suggested Interviewing Technique

Generally, you will need to ask a number of questions to get the information that you will eventually code in the boxes in the grid. With many patients, it is possible to get a valid response by asking the question the following way:

> *"Mr. Smith, how many years of your life have you regularly used* ____________
> *?*
> *By "regularly," I mean three or more times per week."*

However, when interviewing patients with complicated substance use histories, it may be helpful to ask them the year when they began to use the substance regularly and work forward in time from there.

> *"Mr. Smith, when did you start using alcohol regularly?"*
>
> *"Since you started, have you ever abstained for over a month?"*
>
> *"When did you pick up again?"*

After you have recorded the periods of time during which the patient has used each substance, you know what to record in the lifetime section of the drug grid. You may consider summarizing it for the patient like this:

> *"So, Mr. Smith, it sounds like you started using cocaine regularly while you were in high school in 1978. You continued to use it regularly until 1981, when you got into treatment. You stayed clean until 3 months ago, when your brother died. You have been using regularly since then. So, in your lifetime, you have used cocaine regularly for 3 years and 3 months."* (Code "03" for 3 years of use, etc.)

Additional Probes

☐ Events that occurred at the same time when the patient was using (or abstaining from) a substance

☐ Differences in route of administration over time

☐ Substance combinations

Coding Issues

- Six months or more of use will be considered 1 year; less than 6 months of problematic use should be noted in the Comments but *not* counted as a year.

- See Coding Issues, Drug and Alcohol Use Past 30 Days for other relevant coding issues.

Cross-check

✓ Drug/Alcohol Use, Items D13, D19, D20, D23, and D24

D1–12: Drug and Alcohol Use, Age at First Use

Intent/Key Points

To record information about the age at which the client first used each substance

Suggested Interviewing Technique

Use the name of the specific drug. Provide examples.

> *"Mr. Smith, how old were you when you first tried cocaine?"*

Additional Probe

☐ Use of drug combinations

Coding Issue

- Many clients will report that their mother used drugs or alcohol while she was pregnant with the client. Do not count this as the client's first use; simply ask when the client first tried the drug themselves.

D1–12: Drug and Alcohol Use, Route of Administration

Intent/Key Points

To record information about the patient's usual or most recent route of administration for each substance listed. The code for the administration is listed above the drug grid as follows:

1–oral 2–nasal 3–smoking 4–non-IV injection 5–IV injection

Suggested Interviewing Technique

Use the name of the specific drug. Provide examples.

> *"Mr. Smith, how are you using the cocaine? For example, are you snorting it . . . or are you freebasing it . . . are you injecting it?"*

Additional Probe

☐ Use of drug combinations

Coding Issue

- In cases in which two or more routes are routinely used, the most serious route should be coded. (The routes of administration are numbered in order of their severity.)

D1–12: Drug and Alcohol, Date of Last Use

Intent/Key Points

To record the most recent use of drugs and alcohol, by category, especially as it pertains to the possibility of the patient experiencing withdrawal symptoms.

Coding Issue

- The patient may not feel comfortable discussing use in the past few days. Reassure the patient that this information is used to decide on the appropriate treatment modality and to develop the treatment care plan.

D13. Multiple Substances

Intent/Key Points

To record information about drug combinations. Under Past 30 Days, ask the patient how many days he or she took more than one (ASI category) substance, including alcohol. Under Lifetime Use, ask the patient how long he or she regularly (generally three times per week for a month or more) took more than one substance per day, including alcohol.

Suggested Interviewing Technique

By reviewing the information in the drug grid, you should be able to estimate the number of days that the patient used more than one drug in the past 30 days, as well as the number of years he or she regularly used more than one substance. To ensure that you are getting accurate information, ask the following:

> *"How many days in the past 30 days have you used more than one substance per day?"* **and**
>
> *"How many years have you regularly used more than one substance per day?"*

Additional Probes

- ☐ The substances that the patient used together
- ☐ Substances that the patient used within the same day, but did *not* use together
- ☐ The names of drugs that were prescribed

Cross-check

✓ Drug/Alcohol Use Items D1–12

D14. Which substance is the major problem?

Intent/Key Points

To record the patient's current major substance of abuse. *Generally, the interviewer should determine the major drug of abuse* based on the years of use, number of treatments, number of delirium tremens (DTs) and/or overdoses. If the information provides no clear indication of his or her drug problem, then ask the patient what he or she thinks is the major substance problem. Enter one of the following codes:

1–Alcohol
3–Heroin
4–Methadone
5–Other Opiates/Analgesics
6–Barbiturates
7–Other Sedatives/Hypnotics/Tranquilizers
8–Cocaine
9–Amphetamines
10–Cannabis
11–Hallucinogens
12–Inhalants
15–Alcohol/Drug
16–Polydrug

Note: Record a "16" if the patient has major problems with more than one drug, or a "15" if the patient abuses alcohol ***and one or more*** drugs.

Suggested Interviewing Technique

If you have to ask the question, ask it as it appears on the ASI. Allow the patient to report more than one substance as his or her major problem.

> *"Mr. Smith, which substance is your major problem?"*

Coding Issues

- Some patients may report that ***legal methadone*** is their primary drug problem, as in the case of patients who are seeking detoxification and drug-free treatment. This ***can*** be used as the major problem in Item 14, and problems associated with the legal methadone may be recorded in Item 22.
- ***For follow-up interviews,*** record what the patient thinks is the major substance abuse problem. If at follow-up the patient maintains that he or she has no drug or alcohol problem but reports experiencing drug or alcohol problems on Item 22, then clarify Item 14 by asking whether the patient considers that substance to be the current major problem.

Cross-check

✓ Drug/Alcohol Use Items D1–12

D15. How long was your last period of voluntary abstinence from this major substance?

D16. How many months ago did this abstinence end?

Intent/Key Points

To record details about the patient's successful attempts at abstaining from the current problem substance. Ask the patient how long he or she was able to remain abstinent from the major drug(s) of abuse (Item D14). Stress that this was the ***last*** attempt (of at least one month) at abstinence, not necessarily the longest.

Suggested Interviewing Technique

You may need to ask a series of questions to get accurate responses to these items.

For example, for Item D15, you may need to ask:

> *"Have you ever stopped using* ____________ *for over a month?"*
>
> *"When was the last time you stopped using* __________ *for over a month?"*
>
> *"Did you stay clean on your own, or were you in some sort of controlled environment at the time?"*
>
> *"How long did that period of abstinence last?"*

For Item D16, you should ask:

> *"How many months ago did this abstinence end?"*

Additional Probes

- ☐ Circumstances surrounding the periods of abstinence
- ☐ Circumstances surrounding the end of the abstinence period

Coding Issues

- ***Periods of hospitalization or incarceration are not counted.*** Periods of abstinence during which the patient was taking methadone, Antabuse or naltrexone as an outpatient *are* included.
- If the code for Item D14 was "00–No problem," enter "N" for Items D15 and D16.

- If the code for Item D14 was "15–Alcohol and Drug," then abstinence will refer to *both* alcohol and the major drug(s).
- If the code for Item D14 was "16–Polydrug," then abstinence will refer to *all* abused drugs. Enter "99" if the number of months equals 99 or more.
- If the patient has not been abstinent for 1 month, enter "00" for Item D15 and "N" for Item D16.
- If the period of abstinence is current, enter "00" for Item D16.

Cross-check

✓ Drug/Alcohol Use Items D1–12

D42. Have you used any of the drugs listed above as part of a religious practice or spiritual ceremony?

D43. Is this use approved or provided by tribal leaders or a medicine person?

D45. Is this use common practice in your traditional ways?

Intent/Key Points

The intent of these questions is to evaluate the use of psychoactive drugs in any religious, spiritual, or cultural practices and to ascertain if their use is sanctioned by elders in the culture.

Suggested Interviewing Technique

Ask the questions as written.

Additional Probe

☐ Are there any other drugs we did not ask about that are used in religious/spiritual practices or cultural ceremonies?

Coding Issue

- A "yes" code on D42 will not affect the coding of the drug and alcohol grid. For example, if a client reports that hallucinogens are used in religious practices, code this use in D11 even though the use is connected to the client's culture.

Cross-check

✓ D3 through D12

D44. Have any traditional Native American cultural practices, such as sweat lodges, sun dances, and prayer meetings, been helpful for you in achieving or maintaining abstinence?

Intent/Key Points

To explore the possibility that this client has previously found traditional cultural practices helpful in his or her recovery and to provide access to that type of service

Suggested Interviewing Technique

Ask the question as written, providing examples, but explain that the possibilities are not limited to these examples.

Additional Probe

☐ Is there anything else that has been helpful in your recovery in the past?

Cross-check

✓ D19–D22: Previous traditional treatment received
✓ D36–D41: Previous culturally specific services received

D17. How many times have you had alcohol DTs?

D18. How many times have you overdosed on drugs?

Intent/Key Points

To record information about the consequences of using too much of a substance. If in doubt about a reported OD, ask what was done to the patient to revive him or her. Simply letting the patient sleep it off does not constitute an OD. If the patient describes any incident in which intervention by someone was needed to recover, *do* count this as an OD. The nature of the overdose will differ with the type of drug used. While opiates and barbiturates produce coma-like effects, amphetamine overdoses ("overamps") frequently result in toxic psychoses.

Suggested Interviewing Technique

Ask the questions as written. Follow up with additional questions that will determine how you will code the response.

> *"Mr. Smith, how many times have you had alcohol DTs?"*
>
> *"How many times have you overdosed on drugs?"*
>
> *"Did someone have to help to revive you?"*
>
> *"Did someone have to calm you down or stay with you for a long time?"*

Additional Probes

☐ Whether or not the patient was hospitalized
☐ Whether or not the OD was intentional

Coding Issues

- ***Include*** suicide attempts if they were attempted by drug overdose. (Remember this when you get to the Psychiatric section and be sure to check the Medical section to note hospitalization.)

- **Definition of delirium tremens (DTs):** DTs occur 24 to 48 hours after a person's last drink. They consist of tremors (shaking) *and* delirium (severe disorientation). They are often accompanied by a fever. There are sometimes, but not always, hallucinations. True DTs are usually so serious that they require some type of medical care or outside intervention. Impending DTs *as diagnosed by a professional* would also be considered serious enough to count as DTs.

  Problems sometimes mistaken for DTs: DTs are not to be confused with "the shakes," which occur about 6 hours after alcohol has been withdrawn and do not include delirium.

Cross-check

✓ Medical Status Item M1 (possibly)

How many times in your life have you been treated for:

D19. Alcohol abuse
D20. Drug abuse

How many of these were detox only?

D21. Alcohol
D22. Drug

Intent/Key Points

To record the number of times the patient has received help for drug or alcohol problems. The purpose of Item no. D19 is to determine the extent to which the patient has sought extended rehabilitation versus minimal stabilization or acute crisis care. Therefore, record the number of treatments in no. D19 that were *detoxification only* and did not include any follow-up treatment.

Suggested Interviewing Technique

Ask the questions as written.

> *"Mr. Smith, how many times in your life have you been treated for alcohol or drug abuse?"*
>
> *"How many of those treatments involved a detox but no follow-up?"*

Additional Probes

☐ The names of programs
☐ Reasons for leaving programs

Coding Issues

- Count any type of alcohol or drug treatment, including detoxification, halfway houses, inpatient, outpatient counseling, and AA or NA (if three or more sessions) within a 1-month period.

- If the patient was treated for ***both*** alcohol and drug problems ***simultaneously***, count the treatment under ***both categories***. Note that the treatment was for both.

- Exclude Driver's School for D.W.I. violations. Ask questions separately for alcohol and drugs. In the case of dual problems, try to get the number of treatments in each category.

- Code as a single episode treatment experiences that occur in different facilities immediately following one another. For example, a patient who spends 2 months in a residential program followed immediately by a 6-month outpatient program has been involved in one treatment episode, *not* two treatment episodes. However, if the patient returns home before being admitted to the outpatient program, the outpatient program should be counted as a separate treatment episode.

Cross-check

✓ Drug/Alcohol Use, Items D1–13

How many of these [treatments] provided Native American-specific groups or focus?

D36. Alcohol
D37. Drugs

How many of these [treatments] included Native American treatment providers/counselors?

D38. Alcohol
D39. Drugs

How many of these treatments were provided on reservations?

D40. Alcohol
D41. Drugs

Intent/Key Points

To document the client's treatment experiences that may have taken cultural and spiritual practices into consideration.

Suggested Interviewing Technique

Ask the questions as written, providing examples, but explain that the possibilities are not limited to this list.

Additional Probe

☐ Is there anything else that has been helpful in the client's recovery in the past?

Coding Issues

- There must be treatments documented in D19 and D20 for these questions to be applicable.
- The codes in any Item D36, D38, and D40 cannot be greater than the code in D19.
- The codes in any Item D37, D39, and D41 cannot be greater than the code in D20.

Cross-check

✓ D19 and D20
✓ D42–D45

D23. How much money would you say you spent during the past 30 days on alcohol?

D24. How much money would you say you spent during the past 30 days on drugs?

Intent/Key Points

This is primarily a measure of financial burden, not amount of use. Therefore, ***enter only the money spent, not the street value of what was used*** (e.g., a dealer who uses but does not buy; a bartender who drinks heavily but does not buy alcohol).

Suggested Interviewing Technique

If you probed sufficiently during the Drug/Alcohol grid, you should have information about the amount of money that the patient spends daily on each substance. By multiplying the daily dollar amount by the number of days the patient says he or she used, you will get a good estimate of the amount of money the patient spent in the last month, without even asking the question. Regardless, ask the question as written. If a patient responds that she cannot possibly estimate the amount of money she spent in the past month, remind her what she told you in the drug grid.

> *"How much have you spent on alcohol and drugs in the past 30 days?"*
>
> *"You told me that you spent about $20 a day on coke . . . and you used coke on 16 days . . . so it sounds as if you spent $320 on coke."*

Sometimes, the patient will argue about the amount of money he spent. He may explain that although he used $320 worth, he only spent $200 worth because he knows people who provide him with cheap drugs. ***Code only what the patient reports he or she spent on drugs.***

Additional Probe

☐ As described above, information that explains differences between the reported amount of money spent and amount of drugs used.

Coding Issues

- Enter "X" only if the patient cannot make a reasonable determination.
- Don't include the dollar amount of drugs for which the patient provided services (sex for drugs, acting as a go-between for drug deals). Just include the amount of cash the patient spent for the drugs.

Cross-check

✓ Employment/Support Status Items E12–17

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (include NA, AA)

Intent/Key Points

Treatment refers to any type of outpatient substance abuse therapy. This does not include psychological counseling or other therapy for non-abuse problems.

Suggested Interviewing Technique

Ask the question as written below.

> *"Mr. Smith, how many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?"*

Additional Probes

☐ Names of programs
☐ Types of meetings

Coding Issues

- Include methadone maintenance; AA, NA, or CA meetings; and Antabuse, etc.
- Treatment requires personal (or at least telephone) contact with the treatment program. ***The fact that the patient was "officially enrolled" in a program does not count if he or she has not attended at least three sessions.***

D99. Optional

This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans. See the end of this Guide for in-depth instructions on this question, which is addressed in the Clinical/Training Version.

How many days in the past 30 days have you experienced:

D26. Alcohol problems?

D27. Drug problems?

Intent/Key Points

Be sure to stress that you are interested in the number of days the client had problems ***directly related*** to alcohol or drug use. *Include* craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so.

Suggested Interviewing Technique

Ask the questions as written, with plenty of examples based on what the patient has already told you. A client's denial of problems may hinder the interviewer's ability to record accurate information. The interviewer should focus the question on symptoms or situations already described by the client as problematic.

For example, a client may say:

> *"I can handle my alcohol use. My lawyer said that I should get into treatment because it will help my DUI case."*

The interviewer might say:

> *"How many days in the past 30 days have you had problems related to alcohol use . . . such as worrying about your DUI case?"*

Another example follows:

> *"Mr. Smith, how many days in the past 30 days have you experienced alcohol problems . . . such as the fact that you've been getting in trouble at work because of your drinking, or the fact that you have been spending all of your money on alcohol."*

Additional Probes

- ☐ Thinking about using (craving)
- ☐ Inability to stop using after starting
- ☐ Consequences of using
- ☐ Experiencing physical withdrawal symptoms

Coding Issue

- ***Do not include*** the client's inability to find drugs or alcohol as a problem.

Cross-check

✓ Drug/Alcohol Use Items D28–31. If D28–31=0, then D26 and D27 must also equal 0. One cannot rate nonexistent problems.

DRUG AND ALCOHOL USE PATIENT RATING

How troubled or bothered have you been in the past 30 days by:

D28. Alcohol problems?
D29. Drug problems?

How important to you now is treatment for:

D30. Alcohol problems?
D31. Drug problems?

Intent/Key Points

To record the patient's feelings about how bothersome the previously mentioned drug or alcohol problems have been in the last month, and how interested the patient would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in Items D26 and D27.

Suggested Interviewing Technique

When asking the patient to rate the problem, provide concrete examples, rather than just using the term "problems." For example, if the patient reports that besides worrying about a DUI case, he has had physical problems from alcohol, such as hangovers, the interviewer should ask Item 28 in the following way:

> *"Mr. Smith, how troubled or bothered have you been in the past 30 days by alcohol problems such as the hangovers that you mentioned . . . or the worry over your upcoming case?"*

Ask Item 30 in the following way:

> *"Mr. Smith, how important would it be for you to talk to someone about your alcohol problems . . . such as the hangovers that you mentioned . . . or the worry over your upcoming case?"*

Cross-check

- ✓ Drug/Alcohol Use Items D28–31. If D28 and D29=0, then D30 and D31 must also equal 0.
- ✓ A client would not usually want treatment for problems that are not bothersome.

DRUG AND ALCOHOL USE INTERVIEWER SEVERITY RATINGS

D32 and D33. How would you rate the patient's need for treatment for drug/alcohol problems?

Remember the two-step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–6 in the Medical Status section).***

0–1	No problem, treatment not necessary
2–3	Slight problem, treatment probably not necessary
4–5	Moderate problem, treatment probably necessary
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Drug/Alcohol Use Section

Alcohol		Drugs	
Item	**Description**	**Item**	**Description**
D1 and D2, D13	Abuse history	D3–D13	Abuse history
D15 and D16	Abstinence	D15 and D16	Abstinence
D17	DTs	D18	ODs
D19	Lifetime treatment	D20	Lifetime treatment

Step 2: ***Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.***

For example, if the interviewer's selected three-point range is 4-5-6, and the patient reports that he or she has been *extremely* (rates it a "4") bothered and would be *extremely* (rates it a "4") interested in treatment for drug and alcohol problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the section. The severity rating for this section should have no effect on any other sections.

DRUG AND ALCOHOL USE CONFIDENCE RATING

Is the above information significantly distorted by:

D34. Patient's misrepresentation?

D35. Patient's inability to understand?

Intent/Key Points

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. A code of "yes" cannot be the result of a "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or has already been supplied in the record.

These questions are not to be used as "denial meters." Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is ***"significantly distorted."*** If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Coding Issue

- Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

Cross-check

✓ Cross-check items with Confidence Rating in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Legal Status

Introduction

The Legal Status section of the ASI helps to gather some basic information about the patient's legal history. It addresses information about probation or parole, charges, convictions, incarcerations or detainments, and illegal activities. We recommend that you add questions that you consider relevant to your patient's treatment plan. An interviewer can gather accurate information from this section most efficiently by doing a lot of probing in the first part of the section. For example, if a patient reports that he or she was charged with a criminal offense, the interviewer should ask whether the patient was convicted and if so, whether any time was spent in prison. By addressing and recording these details in the early part of the section, the interviewer can move more quickly through the latter parts of the section.

L1. Was this admission prompted or suggested by the criminal justice system?

L2. Are you on parole or probation?

Intent/Key Points

To record information about the relationship between the patient's treatment status and legal status. For Item L1, enter "yes" if any member of the criminal justice system was responsible for the patient's current admission or generally, if the patient will suffer undesirable legal consequences as a result of refusing or not completing treatment.

For Item L2, enter "yes" if the patient is currently on probation or parole.

Suggested Interviewing Technique

Ask both questions as written. Provide examples of referral sources that are related to the criminal justice system to clarify any confusion related to Item L1.

> *"Mr. Smith, was your admission to this treatment program prompted or suggested by the criminal justice system, like a lawyer or probation officer . . . [or did you decide to come here on your own . . . or was it your family that persuaded you to seek help here]?"*
>
> *"Are you on parole or probation?"*

If a patient says that he or she is currently on parole or probation, we recommend that you routinely ask for details. For example, you should ask:

> *"Why are you on probation? What criminal offense were you charged with?"*
>
> *"How long have you been on probation? When will your probation period end?"*

Additional Probes

- ☐ Who referred the patient, circumstances surrounding the referral
- ☐ Nature of the probation or parole (Federal or State); name of probation or parole officer

Cross-check

✓ Legal Status Items L3–16

L3–16. How many times in your life have you been arrested and charged with the following?

Intent/Key Points

This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the patient during his or her life. Be sure to include the total number of counts and not just arrests. These include only formal charges—not times when the patient was just picked up or questioned. Do not include juvenile (prior to the age of 18) crimes, unless the court tried the patient as an adult, which happens in cases of particularly serious offenses.

Note: The inclusion of adult crimes only is a convention adopted for our purposes. We have found it is most appropriate for our population. The use of the ASI with different populations may warrant consideration of juvenile legal history.

Suggested Interviewing Technique

If a patient responds that he or she has been charged with an offense, we recommend that you ask for details (e.g., whether the patient was convicted or not, whether the patient was incarcerated, paid a fine, or spent time on probation). These details will help you to move more quickly through the latter part of the section. If you don't gather information early, your attempts at gathering information from patients with complicated legal histories may be hindered. Therefore, we recommend that you ask the question as written below, with probes similar to the ones listed below asked routinely.

> *"Mr. Smith, how many times in your life have you been charged with _________?"*

If the patient reports that he or she was charged:

> *"What happened with that charge . . . for example, was it dropped . . . were you convicted of it?"*

If the patient reports that he or she was convicted:

> *"What happened when you were convicted . . . did you spend time in prison . . . did you pay a fine . . . were you on probation?"*

Additional Probes

☐ The years in which the client was charged with each offense
☐ Details surrounding each criminal act
☐ Significant events occurring at the same time that the patient was charged with each offense

Coding Issues

- Include arrests that occurred during military service, with the exception of those that have no civilian life counterpart (e.g., AWOL, insubordination). But do record the second type of arrest in the Comments section.

- Code attempts at criminal activity (e.g., attempted robbery, attempted rape) the same way that you code the activity. Therefore, charges of attempted robbery would be coded with robbery.

- In some States "contempt of court " is the charge levied against someone who has failed to pay support or alimony payments.

L17. How many of these charges resulted in convictions?

Intent/Key Points

To record basic information about the patient's legal history. Do not include the misdemeanor offenses (L18–L20) in this item. Note that convictions include fines, probation, and suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Charges for parole and/or probation violations are automatically counted as convictions.

Suggested Interviewing Technique

If you did not gather information about convictions through probing during Items L1–L16, ask this question as written.

> *"Mr. Smith, how many of these charges resulted in convictions?"*

Additional Probe

☐ Whether or not the patient was incarcerated

Coding Issue

- Code Item L17 with an "N" if Item L3–L16 are all "00."

Cross-check

✓ Legal Status Item L24 (possibly)

How many times have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication?
L19. Driving while intoxicated?
L20. Major driving violations?

Intent/Key Points

Charges in the Item L18 category may include those that generally relate to being a public annoyance without the commission of a particular crime. Driving violations counted in L20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc.). This does not include vehicle violations, registration infractions, and parking tickets.

Suggested Interviewing Technique

Ask this question as written:

> *"Mr. Smith, how many times have you been charged with the following . . . disorderly conduct, vagrancy, or public intoxication?"*

Additional Probe

☐ Outcomes of the charges

Coding Issue

- Employment/Support Status Item E4 (possibly)

L21. How many months have you been incarcerated in your life?

L22. How long was your last incarceration?

L23. What was it for?

Intent/Key Points

For Item L21, enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the patient's life since the age of 18, unless the patient was detained as an adult while still a juvenile. If the number equals 100 or more, enter "99." Count as 1 month any period of incarceration 2 weeks or longer. For Item L23, choose the number and description assigned in the first part of the Legal section (L3–L16 and L18–L20) to indicate the charge for which the patient was incarcerated. If the patient was incarcerated for several charges, enter the most serious or the one for which he or she received the most severe sentence.

Suggested Interviewing Technique

Ask the questions as written:

"How many months have you been incarcerated in your life?"

"How long was your last incarceration?"

"For what charge were you incarcerated?"

Additional Probe

☐ Details of unusual periods of incarceration (serving time for two convictions concurrently)

Coding Issues

- Make sure that you code the total number of months that the patient was incarcerated for large periods of time.
- If the patient has never been incarcerated for more than a month, code Item L21 with "00." If Item L21 is 00, then Items L22 and L23 will automatically become "N."
- Item L22 should always be smaller than or equal to Item L21.

Cross-check

✓ Make sure that long periods of incarceration are accounted for in other parts of the interview.

L24. Are you presently awaiting charges, trial or sentencing?

L25. What for?

Intent/Key Points

To record information about the patient's current legal status. If the patient is not awaiting charges, trial, or sentencing select "no" for Item L24. If L24 is "no," then L25 is automatically also "N." Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

Suggested Interviewing Technique

Ask the question as written:

> *"Are you presently awaiting charges, trial, or sentencing for any charge?"*

Additional Probe

☐ The date on which the sentencing will take place

Coding Issues

- Item L24 should never be coded with an "N/A." It should always be asked and coded either "yes" or "no."
- If Item L24 is "no," then Item L25 should be coded "N."
- To code Item L25, select from the charges listed in Questions L3–L20. For example, if the client is awaiting trial for "drug charges," L25 would be coded "05." If multiple charges apply, select the most severe.

L26. How many days in the past 30 days were you detained or incarcerated?

Intent/Key Points

To record information about whether the patient was detained in the past 30 days

Suggested Interviewing Technique

Ask the question as written. If the client asks for the difference between an incarceration and a detainment (*"Hey, didn't you ask me that question already?"*), give a few examples of detainment. For example, if the patient was put in jail to sleep off a drunk, or was detained and questioned by the police because he or she looked like someone who had committed a crime, you would code that the client has been "detained or incarcerated in the past 30 days."

> *"Mr. Smith, how many days in the past 30 days were you detained or incarcerated?"*

Additional Probe

☐ Reasons for being detained

Coding Issue

- Include being detained but released on the same day

Cross-check

✓ General Information, Items G19 and G20

L27. How many days in the past 30 days have you engaged in illegal activities for profit?

Intent/Key Points

Enter the number of days the patient engaged in crime for profit. Do not count simple drug possession or drug use. However, do include drug dealing, prostitution, burglary, selling stolen goods, etc.

Suggested Interviewing Technique

Ask the question as written:

> *"Mr. Smith, how many days in the past 30 days have you engaged in illegal activities for profit?"*

Additional Probes

☐ The type of illegal activity
☐ Whether the patient received cash or drugs

Coding Issue

- Include illegal activity as "for profit" even if the patient received drugs or other goods (instead of cash) in return for the illegal activity.

Cross-check

✓ Employment/Support Status Item E17 (possibly)

LEGAL STATUS PATIENT RATING

L28. How serious do you feel your present legal problems are?

L29. How important to you now is counseling or referral for these legal problems?

Intent/Key Points

To record the patient's feelings about how serious he or she feels the previously mentioned legal problems are, and the importance of getting (additional) counseling or referral. For Item L29, the patient is rating the need for referral to legal counsel so that he or she can defend himself or herself against criminal charges.

Suggested Interviewing Technique

When asking the patient to rate the problem, use the name of it, rather than just the general term "problems." For example, if the patient reports that he or she is awaiting trial on a criminal charge, ask the questions in the following way:

> *"Mr. Smith, how serious are your present legal problems . . . such as your upcoming burglary trial?"*
>
> *"How important would it be for you to get counseling or referral for the burglary trial that you mentioned?"*

Coding Issue

- Allow the patient to describe his or her feelings about current legal problems only, not potential legal problems. For example, if a patient reports selling drugs on a few days out of the past 30 days, but has not been caught, that person does not have any current legal problem. If the patient gets caught selling drugs, then he or she will have a legal problem.

Note: For Item L29, emphasize that you mean additional legal counseling and/or referral for those problems specified in Item L28.

If a client states he or she is not at all troubled and/or bothered in L28, but is considerably interested in treatment, this may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations, the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, please make a much-needed notation in the Comments section.

The same is true if the client responds that he or she is in fact "troubled and/or bothered" by a problem but is "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, please make a notation in the Comments section.

Example: A client may feel his or her present legal problems are extremely serious. However, the client has a very good defense attorney and is not in need of additional counseling and/or referral for these problems. You would want to explain that in the Comments section.

LEGAL STATUS INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling?

Remember the two-step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–27 in the Legal Status section).***

0–1 No problem, treatment not needed
2–3 Slight problem, treatment probably not indicated
4–5 Moderate problem, some treatment indicated
6–7 Considerable problem, treatment necessary
8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

Critical Objective Items of the Legal Status Section

Item	Description
L3–16	Major Charges
L17	Convictions
L24–25	Current Charges
L27	Current Criminal Involvement

Step 2: ***Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.***

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and would be extremely interested in treatment for legal problems, then select the highest point of the three point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that counseling or referral is necessary for the patient's legal problems. The severity rating for this section should have no effect on any other sections.

Note: Select the rating that best reflects this client's need for "additional" treatment.

LEGAL STATUS CONFIDENCE RATING

Is the above information significantly distorted by:

L31. Patient's misrepresentation?
L32. Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer, but rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

Even when the interviewer is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Family History

Introduction

The family history "genogram" is a new addition on this version of the Addiction Severity Index and replaces the old family history grid.

Intent/Key Points

To record information about the patient's family members and their problems or dependencies in various areas. This information may help in treatment planning and also with patient placement. The coding is as follows:

A–Alcoholism
D–Illegal Drug Dependence
P–Prescription Drug Dependence
T–Cigarette Smoker
G–Compulsive Gambler
R–In Recovery
S–Sexual Addiction
SU–Suicide
V–Violence or Frequent Rages
MI–Mental Illness

Information in this genogram may include biological and nonbiological relatives. Identify whether the relatives you are coding are biologically related to the client.

Suggested Interviewing Technique

Begin with the box labeled "Yourself" in the center of the grid. Insert the client's name and the codes (as above) to any problems the client feels he or she may have difficulty with or has received treatment for.

To the left of the box labeled "Yourself" are two boxes for initials of the client's current and/or previous partners/spouse, etc. Place the initials of the person identified for each box in the upper right-hand corner of the box, and insert codes as above.

To the right of the box labeled "Yourself" are three boxes for the client's brothers and sisters. Continue as above. There are 12 extra boxes in the last two rows for any additional family members—brothers, sisters, aunts, uncles, etc.

The top two rows ask about the client's mother and father and their families. Continue to use initials or first names in the upper corner of each box, while coding problems in the box.

Additional Probe

☐ Have the family members received treatment for these problems?

Coding Issues

- Most importantly, if any of the client's family members have suicided, this is a clinical indicator of the client's likelihood of suiciding if he or she is depressed, or acknowledges thinking about suicide.
- Remember to note if the relative is biologically related to the client.

Family/Social Relationships

Introduction

The intent of these items is to assess inherent relationship problems rather than the extent to which alcohol and drugs have affected relationships. In this section more than in any other, it is difficult to determine whether a relationship problem is due to intrinsic problems or to the effects of alcohol and drugs. In general, the patient should be asked whether he or she feels that if the alcohol or drug problem were absent, would there still be a relationship problem.

F1. Marital Status

F2. How long have you been in this marital status?

F3. Are you satisfied with this situation?

Intent/Key Points

To record information about the patient's marital status, duration of marital status, and satisfaction with marital status. For Item F1, select the option that best represents the client's present legal marital status. For Item F2, enter the number of years and months the patient has been in the current marital status. For Item F3, selecting a "satisfied" response must indicate that the patient generally likes the situation, not that he or she is merely resigned to it.

Suggested Interviewing Technique

Ask the questions as written, and give examples.

> *"Mr. Smith, what is your marital status? Are you married, remarried . . . single?"*
>
> *"How long have you been _______________?"*
>
> *"Are you satisfied with your marital status?"*

Additional Probe

☐ Reasons for dissatisfaction or separation (if applicable)

Coding Issues

- Consider common law marriage (7 years in Pennsylvania) as married.
- Individuals who consider themselves married because of a commitment ceremony or significant period of cohabitation should be coded as married and considered married for the remainder of the questions pertaining to marriage or spousal relations.
- For patients who have never been married, enter the number of years since age 18 (an indication of their adult status) in Item F2.

F4. Usual living arrangements

F5. How long have you lived in these arrangements?

F6. Are you satisfied with these arrangements?

Intent/Key Points

To record information about the patient's usual living arrangements during the past 3 years. For Item F4, select the arrangement in which the patient has spent most of the last 3 years, even if it is different from his or her most recent living arrangement. If the patient has lived in several arrangements, choose the most representative of the 3-year period. If the amounts of time are evenly split, choose the most recent situation. For patients who usually live with parents, enter the number of years residing there since age 18 in Item F5. A "satisfied" response in Item F6 indicates that the patient generally likes the situation, not that he or she is merely resigned to it.

Suggested Interviewing Technique

You may have to ask a number of additional questions to get accurate responses to these items. For example, you may have to provide a frame of reference (the past 3 years). You may consider asking the patient for information about his current living arrangements, and all previous arrangements for the past 3 years, as follows:

> *"Mr. Smith, you mentioned that you are currently living with your mother. For how many years (or months) have you been living with her?"*
>
> *"Whom did you live with before you moved in with your mom?"*
>
> *"How long were you living with those folks?"* and so on.

By recording this information, you can figure out not only which living arrangement was the most representative, but the length of each arrangement, as well.

Additional Probe

☐ Reasons for leaving each arrangement

Coding Issue

- Ask the patient to describe the amount of time spent living in prisons, hospitals, or other institutions where access to drugs and alcohol is restricted. If this amount of time is the most significant, select "Controlled Environment."

Cross-check

✓ General information, Item G14

✓ All information related to recent controlled environments on the rest of the interview (if the response to F4 is "Controlled Environment")

Do you live with anyone who:

F7. Has an alcohol problem?
F8. Uses nonprescribed drugs?

Intent/Key Points

Items F7 and F8 address whether the patient will return to a drug- and alcohol-free living situation. This is intended as a measure of the integrity and support of the home environment and does not refer to the neighborhood in which the patient lives. The home environment in question is the one in which the patient either currently lives (in the case of most outpatient treatment settings) or the environment to which the patient expects to return following treatment.

Suggested Interviewing Technique

Since you should already have information about the patient's current living situation, you can tailor the question to the patient. For example, if the patient reports living only with his mother, you may ask this series of questions:

> *"Mr. Smith, does your mother drink?"*
>
> *"Do you think she has a problem with alcohol?"*
>
> *"Does she use nonprescribed drugs, or prescribed drugs in a nonprescribed fashion?"*

Additional Probes

☐ Client's relationship to people who use substances (father/daughter, husband/wife)
☐ Number of people who use substances

Coding Issues

- For alcohol (Question F7), code "yes" only if there is an individual with an active alcohol problem (i.e., a drinking alcoholic) in the living situation, regardless of whether the patient has an alcohol problem.

- For drug use (Question F8), code "yes" if there is any form of drug use in the living situation, regardless of whether that drug-using individual has a problem or whether the patient has a drug problem.

Do you live with anyone who:

F61. Is supportive of your recovery?

Intent/Key Points

- To record information regarding the patient's live-in support system

Suggested Interviewing Technique

Ask the question as written, with emphasis on the living environment, not just information on frequent visitors, etc. Notice the prior code in Question F4 (usual living arrangements in the past 3 years) and you may frame the question with that information, such as:

> *"Mr. Smith, I know you told me earlier that you live with your partner and adult children. Would any of these people be supportive of your recovery? Maybe they would take you to meetings, understand that it might be best if they don't drink or use drugs,"* etc.

Additional Probe

☐ Probe regarding the overall patient/household relationship. If the patient feels that he or she does not have live-in support, ask the patient the causes of his or her feelings regarding the absence of this support. You may ask questions such as:

> *"Mr. Smith, what makes you feel that you have no support in the household?"*
>
> *"Do your spouse/children encourage you positively in any way?"*

Coding Issue

- For Question F61, code "yes" only if Question F4 is a code ***other than*** 7.

F9. With whom do you spend most of your free time?

F10. Are you satisfied with spending your free time this way?

Intent/Key Points

The response to Item F9 is usually easy to interpret. Immediate and extended family as well as in-laws are to be included under "Family" for all items that refer to "Family." "Friends" can be considered any of the patient's associates other than family members, and related problems should be considered "Social."

Suggested Interviewing Technique

Ask the questions as written, and give examples.

> *"Mr. Smith, with whom do you spend most of your free time . . . your family, friends, or alone?"*
>
> *"Are you satisfied with spending your free time this way?"*

Additional Probe

☐ Details about free time (going to movies, using drugs)

Coding Issues

- A "satisfied" response to Item F10 must indicate that the patient generally likes the situation, not that he or she is merely resigned to it.
- **Important Note:** Some patients may consider a girlfriend or boyfriend with whom they have had a long-standing relationship as a "family member." In such cases, he or she can be considered a family member.

Cross-check

✓ Family/Social Relationships Item no. F21 (possibly)

BEST COPY AVAILABLE

F11. How many close friends do you have?

Intent/Key Points

Stress that you mean *close* friends. Do not include family members or a girlfriend or boyfriend who is considered to be a family member or spouse.

Suggested Interviewing Technique

> *"Mr. Smith, how many close friends do you have . . . by that, I mean people outside your family that you can trust?"*

Additional Probes

☐ Names of close friends
☐ Amount of contact with close friends

Cross-check

✓ Cross-check item with other items in the interview that address close relationships, such as Family/Social Relationships Item F24.

F76. How many of these friends are Native Americans?

Intent/Key Points

Item F11 addresses the number of close friends the patient has. This question addresses, of those friends that the patient considers close, how many are of Native American ethnicity.

Suggested Interviewing Technique

You may ask the patient questions such as:

> *"Mr. Smith, out of those close friends that you just mentioned, how many of them are Native American?"*

Reiterate to the patient that "close friends" is exclusive of family members.

Additional Probe

☐ If the number of Native American friends is not equal to the total number of close friends, does the patient have more contact with those who are Native American or with the others?

Coding Issue

- The number coded in F76 cannot be greater than that coded in F11.

F70. With whom do you feel the most comfortable?

Intent/Key Points

Item F70 is not in reference to persons addressed in Items F11and F76. Question F70 is a general question. This question is intended to measure, overall, how comfortable the patient feels in the presence of one cultural group in comparison with others. A response of "indifferent" in Item F70 must indicate that the patient generally likes persons of all ethnicities, not that he or she is merely resigned to the presence of persons from different cultural groups.

Suggested Interviewing Technique

If the patient has friends of varying ethnicities or comes into frequent contact with persons of varying ethnicities, you may ask the patient questions such as:

> *"Mr. Smith, you previously stated that you have some friends who are Native American and some who are African American."* **or** *"You have stated that you come into frequent contact with persons of different ethnicities."*
>
> *"With whom do you feel most comfortable?"* **or** *"Around whom can you be most 'yourself?'"* **or** *"Are you equally comfortable around all people?"*

Additional Probe

☐ Patient's relationship with persons referred to above (coworkers, neighbors, classmates)

Coding Issue

- Ask the patient to describe the amount of time spent with persons being addressed above and comment.

After treatment, will you return to an environment that:

F65. Is supportive of your recovery?
F66. Offers community services to help you in your recovery?
F67. Offers accessible self-help meetings?

Intent/Key Points

Items F65–F67 address whether the patient will return to an environment that is supportive, offers community services, and has accessible self-help meetings. If treatment received is inpatient, "after treatment" refers to the point of discharge. If treatment received is outpatient, "after treatment" refers to the patient's current environment(s), for example, neighborhood, living, working, school.

Suggested Interviewing Technique

You may have to ask additional questions, clarify, or reword questions to get the best responses to these items. For example, you may have to clarify what is meant by "community services" or "self-help" meetings (e.g., AA meetings). For example:

> *"Mr. Smith, I know you told me that you will return to the reservation when you complete treatment. Are any support groups available for you, or is there any counseling or aftercare available?"*

For Questions F66 and F67, you may want to list recovery groups, relapse prevention meetings, counseling, or AA, NA, or CA.

Additional Probes

☐ Client's relationship with persons to whom he or she will return after treatment
☐ Accessibility of community services

F58. Have you ever lived on a reservation?

F59. How many years of your life did you live on reservations?

F60. Are you satisfied living on reservations?

Intent/Key Points

To record information about the patient's prior living on a reservation, the duration of living on a reservation, and satisfaction with this situation. For Item F58, enter whether or not the client has ever lived on a reservation. For Item F59, enter the number of years and months that the patient has lived on a reservation. For Item F60, selecting an "indifferent" response must indicate that the person is (was) truly indifferent to the situation, not that he or she is (was) merely resigned to it.

Remind the client that "ever" in Question F58 is in reference to one's entire life, even during infancy. For example, perhaps the family made a reservation-to-city move when the client was younger. If the client does not know this type of information, record only what the client has knowledge of.

Suggested Interviewing Technique

If the client states that he or she did not live on a reservation, you may respond:

> *"Mr. Smith, you state that you have never lived on a reservation, even when you were younger."*

Additional Probe

☐ If the client perhaps lived on a reservation for a period of time, relocated, and then moved back to the reservation, ***total*** the years that the client was on a reservation and record it in F59.

Coding Issue

- If F58=0, then F59 must also be 0.

F12–F17. Would you say you have had a close, long-lasting, personal relationship with any of the following people? . . .

Intent/Key Points

Assesses the extent to which the patient has a history of being able to establish and maintain close, warm, and mutually supportive relationships with any of the people listed. A simple "yes" response is not adequate for these questions, and some probing will be needed to determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship. Does the patient feel a sense of value for the person (beyond simple self-benefit)? Is the patient willing to work to retain/maintain these relationships?

Suggested Interviewing Technique

You will have to ask a number of questions to get accurate responses to these items.

> *"Mr. Smith, have you had a long-lasting personal relationship with your mother?"*
>
> *"For example, would you go out of your way to do things for her? Would you lend her money if she needed it? Have you seen her recently? Do you miss her when you don't see her?"*

Coding Issue

- It is particularly important for interviewers to make judicious use of the "Never had a relative" and "Uncertain" or unknown ["I don't know"] responses to these questions. In general, a "yes" response should be recorded for any category where at least one member of the relative category meets the criterion. In contrast, a "no" response should be counted only if all relatives in the category fail to meet the criterion.

Cross-check

✓ Family/Social Relationships Items F18–F26 (possibly)

F18–F26. Have you had significant periods in which you have experienced serious problems getting along with . . . ?

Intent/Key Points

To record information about extended periods of relationship problems. These items refer to serious problems of sufficient duration and intensity to jeopardize the relationship. They include extremely poor communication, complete lack of trust or understanding, animosity, and constant arguments. If the patient has not been in contact with the person in the past 30 days, it should be recorded as "N/A." An "N/A" should also be entered in categories that are not applicable, e.g., in the case of a patient with no siblings.

Suggested Interviewing Technique

It is recommended that the interviewer first ask the lifetime question from each pair. For example,

> *"Have you ever had a significant period in your past in which you experienced serious problems with your father?"*

Regardless of the answer, the interviewer should inquire about the past 30 days. However, the interviewer should first inquire about whether there has been recent contact.

> *"Have you had any personal or telephone contact with your father in the past 30 days?"*

(If "no," record an "N/A" in the Past 30 Days column.) If "yes," ask:

> *"How have things been going with your father recently?"*

> *"Have you had any serious problems with him in the past 30 days?"*

Additional Probes

- ☐ Nature of the problem
- ☐ Facts about relationships (number of siblings, children)

Coding Issues

- It is possible that a patient could have had serious problems with a father in the past but, because of death, not have had a problem in the past month. The correct coding in this case would be "yes" under lifetime and "N/A" under Past 30 Days. An "X" code should be used for any situation where the patient simply can't recall or is not sure for any reason. It is better to use this code than to record possibly inaccurate information.

- Item F21 may include any regular, important sexual relationship.

BEST COPY AVAILABLE

- **Important Note:** The Past 30 Days and the In Your Life (lifetime) intervals in Items F18 to F26 are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate problems or a history of problems before the past 30 days.

Has anyone ever abused you?

F27. Emotionally?
F28. Physically?
F29. Sexually?

Intent/Key Points

These items have been added to assess what may be important aspects of the early home life for these patients (lifetime answers) and to assess dangers in the recent and possibly future environment (past 30 days answers). It will be important to address these questions in a supportive manner, stressing the confidentiality of the information and the opportunities for the patient to raise this in subsequent treatment sessions with an appropriate provider.

Emotional abuse will generally be coded entirely by what the patient reports. It is understood that it will be difficult to judge whether the "actual" abuse reported (or lack of it) would be considered abuse to another person. No attempt should be made to do this, since the intent here is to record the patient's judgment.

Physical abuse should follow the same guidelines as emotional abuse, with one additional consideration. Simple spankings or other punishments should be counted as abuse only if they were in the eyes of the patient extreme and unnecessary.

Sexual abuse is not confined to intercourse but should be counted if the patient reports any type of unwanted advances of a sexual nature by a member of either sex.

Suggested Interviewing Technique

Ask the questions as written, with examples.

> *"Mr. Smith, have any of the people that I just mentioned or anyone in your lifetime ever abused you emotionally? For example, has anyone ever humiliated you or made you feel ashamed by calling you names?"*

Additional Probe

- ☐ Others' knowledge of the abuse

Cross-check

- ✓ Family/Social Relationships Items F7 and F8 (possibly), F18–F26 (possibly)
- ✓ How many days in the past 30 days have you had serious conflicts?

Have you ever abused anyone?

F62. Emotionally?
F63. Physically?
F64. Sexually?

Intent/Key Points

These items have been added to gather information on the client's lifetime history of perpetration of abuse, and to assess dangers in the recent environment (past 30 days answers). It is imperative that these items be addressed in a supportive and conscientious manner, stressing the confidentiality of the information.

Emotional abuse should be coded entirely by what the patient reports. The intent here is to record the patient's judgment in whether or not he or she feels that he or she has emotionally abused another person. It is understood that it is difficult to judge whether the reported abuse (or lack thereof) would be considered abuse to another person; therefore, no attempt should be made to do this.

Physical abuse should follow the same guidelines, with one additional consideration. Simple spankings or other punishments should be counted as abuse only if they were in the eyes of the patient extreme and unnecessary.

Be aware that ***sexual abuse*** is not confined to intercourse, but should be counted if the patient reports any type of forced sexual advances/acts toward a member of either sex.

Suggested Interviewing Technique

Let the client know that you realize that the following questions are difficult and very personal, but ask the client to please answer them with honesty and truth. You may also want to reiterate here the notion of confidentiality as well as your "duty to warn" if someone is in danger.

Questions such as the following may be asked:

> *"Mr. Smith, in your lifetime, have you ever abused anyone emotionally? For example, making someone feel bad through harsh words."*
>
> *"Mr. Smith, have you ever in your lifetime, intentionally or unintentionally, caused someone physical harm through a violent act?"*
>
> *"Mr. Smith, have you ever in your lifetime forced sexual advances/acts toward a member of either sex?"*

Coding Issue

- Be very clear with the client about your legal obligations upon disclosure of information about current or recent abuse, particularly to children or elders.

Cross-check

✓ Legal Status Items L10, L12, and L13 (possibly)

How many days in the past 30 days have you had serious conflicts with:

F30. Your family?
F31. Other people (excluding family)?

Intent/Key Points

Conflicts require personal (or at least telephone) contact. Stress that you mean serious conflicts (e.g., serious arguments, verbal abuse) not simply routine differences of opinion. These conflicts should be of such a magnitude that they jeopardize the patient's relationship with the person involved.

Suggested Interviewing Technique

Ask the questions as written and give examples.

> *"Mr. Smith, how many days in the past 30 days have you had serious conflicts? By serious, I mean conflicts that may have put your relationship with someone in your life in jeopardy—for example, a big blowup?"*

Note: If F30=00 and/or F31=00, we suggest that you ask Questions F32 and F33 in the following way to double check that the patient really has not had problems.

> *"So, Mr. Smith, it sounds like you haven't had any serious conflicts with family or social problems in the past 30 days . . . May I assume that you haven't been bothered by those kinds of problems?"* **or**

> *"So, Mr. Smith, it sounds like you haven't had any serious conflicts with family or social problems in the past 30 days . . . Using our Patient's Rating Scale, how would you rate how troubled and/or bothered you are by these problems?"*

If the client responds that in fact he or she is "troubled and bothered" by family/social conflicts or problems but did not identify any days of conflicts or problems, probe and ask what the conflicts or problems are. Then go back to F30 and/or F31 and ask how many days the client was in fact bothered by those conflicts or problems. Enter the number of days and then ask again F32 and F33.

Additional Probe

☐ The nature of the conflict (What did the client fight about?)

Coding Issue

- If a conflict occurred only because a patient was under the influence of a substance, you should record the problem days in the Drug/Alcohol Use section, rather than the Family/Social section. Problem days recorded in this section should have their origins in interpersonal conflict, not substance abuse. They should be primarily relationship problems, not substance abuse problems.

FAMILY/SOCIAL RELATIONSHIPS PATIENT RATING

How troubled or bothered have you been in the past 30 days by:

F32. Family problems?
F33. Social problems?

How important to you now is treatment or counseling for:

F34. Family problems?
F35. Social problems?

Intent/Key Points

To record the patient's feelings about how bothersome any previously mentioned family and/or social problems have been in the past month, and how interested he or she would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other relationship problems reported in the Family/Social section.

Suggested Interviewing Technique

When asking the patient to rate the problem, mention it specifically, rather than using the general term, "problems." For example, if the patient reports being troubled by problems with his mother in the past 30 days, ask the patient Question F32 in the following way:

> *"Mr. Smith, how troubled or bothered have you been in the past 30 days by the problems that you have had with your mother?"*

Ask the patient Question F34 in the following way:

> *"Mr. Smith, how important is it for you to talk to someone about the problems that you and your mother have been having?"*

Additional Probe

☐ Details of the problems

Coding Issues

- Do not include the patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends.

- Do not include problems that would be eliminated if the patient's substance abuse problems were absent.
- For Item F34, be sure that the patient is aware that he or she is not rating whether or not his or her family would agree to participate, but how badly the patient needs counseling for family problems in whatever form.

Cross-check

✓ Cross-check items with other items in the section that refer to problems. Problems related to family and social relationships may be recorded in many places throughout the section. For example, dissatisfaction with marital status (Item F3), living arrangements (Item F6), or free time (Item F10) may be reported. In addition, patients may indicate a need for treatment to address serious problems (Items F18–F26), or serious conflicts (Items F30 and F31).

Note: If a client states he or she is "not at all" troubled and/or bothered in Items F32 and F33, but states he or she is "considerably" interested in treatment, this may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, make a much-needed notation in the Comments section.

The same is true if the client responds that he or she is in fact troubled and/or bothered by a problem but is "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data. Or, if the data are correct and the inconsistency has an explanation, you should make a notation in the Comments section.

FAMILY/SOCIAL RELATIONSHIPS INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling?

Note: Unlike the Alcohol and Drug Section, you will be choosing only one rating to represent the Family and Social Section. It will be a composite rating for both sections.

Remember the two-step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items.***

0–1	No problem, treatment not needed
2–3	Slight problem, treatment probably not indicated
4–5	Moderate problem, some treatment indicated
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

Critical Objective Items of the Family/Social Section

Item	Description
F2–3	Stability/Satisfaction—Marital
F5–6	Stability/Satisfaction—Living Arrangements
F10	Satisfaction With Free Time
F18–26	Lifetime Problems With Relatives
F30 and F31	Serious Conflicts

Step 2: ***Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.***

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and would be extremely interested in treatment for family/social problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for family and social issues. The severity rating for this section should have no effect on any other sections.

Note: Select the rating that best reflects this client's need for "additional" treatment.

FAMILY/SOCIAL RELATIONSHIPS CONFIDENCE RATING

Is the above information significantly distorted by:

F37. Patient's misrepresentation?
F38. Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer; rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

These questions are not to be used as "denial meters." Even when the worker is aware of the inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Psychiatric Status

Introduction

When administering this section, it is important to remember that the ASI should be considered a screening tool, rather than a diagnostic tool. Therefore, a patient need not meet diagnostic criteria for a symptom to have experienced the symptom. Further, the ASI will not provide definitive information on whether drug problems preceded psychiatric problems, or vice versa. All symptoms other than those associated with drug effects should be counted in this section. For example, depression and sluggishness related to detoxification should not be counted, whereas depression and guilt associated with violating a friend's trust or losing a job should be counted.

How many times have you been treated for any psychological or emotional problems?

P1. In a hospital or inpatient setting?
P2. As an outpatient or private patient?

Intent/Key Points

This includes any type of treatment for any type of psychiatric problem. It does not include substance abuse, employment, or family counseling. (It does, however, include psychiatric treatment that took place in any of these settings.) The ***unit of measure*** is a treatment episode (usually a series of fairly continuous visits or treatment days), not the number of visits or days in treatment per se.

If the patient is aware of his or her diagnosis, enter this in the Comments section.

Suggested Interviewing Technique

Ask the question as written.

> *"How many times have you been treated for any psychological or emotional problems?"*

Additional Probes

☐ Names of programs
☐ Ever received a diagnosis?
☐ Ever been put on medication during any of these treatments?
☐ Reasons for leaving each program
☐ Was the treatment helpful?

P3. Do you receive a pension for a psychiatric disability?

Intent/Key Points

Pensions for physical problems of the nervous system (e.g., epilepsy) should be counted under Item M5 in the Medical section, not here.

Suggested Interviewing Technique

Ask the question as written.

> *"Mr. Smith, do you receive a pension for a psychiatric disability?"*

Additional Probes

- ☐ Source of pension
- ☐ Amount of pension

Cross-check

✓ Employment/Support Status Item E15

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: [past 30 days and in your life]

P4. Experienced serious depression suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily functioning, guilt, "crying jags," etc.

P5. Experienced serious anxiety or tension suggested by feeling uptight, unreasonably worried, unable to feel relaxed, etc.

Intent/Key Points

These lifetime items refer to serious psychiatric symptoms experienced over a significant time (approximately 2 weeks). The patient should understand that symptoms that are the direct biochemical result of alcohol, drugs, or withdrawal are not included. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Suggested Interviewing Technique

We recommend that you ask the lifetime questions before you ask the questions pertaining to the past 30 days. Regardless of the answer, the interviewer should inquire about the past 30 days. For example, the interviewer should ask,

> *"Mr. Smith, have you had a significant period in your life in which you have experienced serious depression?"*
>
> *"How about more recently? Have you experienced severe depression in the past 30 days?"*

You may find it helpful to ask him about the circumstances surrounding the time when he was experiencing the symptom:

> *"What was going on in your life that made you feel that way?"*

You may decide to ask him directly.

> *"During that time, were you doing drugs that made you feel anxious, or was it an anxiety that occurred even when you weren't doing drugs?"*
>
> *"Do you ever feel that way when you are not using substances?"*

Finally, ask him about the past 30 days:

> *"Have you experienced any anxiety during the past 30 days?"*

Additional Probes

☐ Circumstances surrounding the time when the patient experienced the symptom

☐ Ask if the depression and anxiety were related to (not biochemically caused by) the substance abuse problem.

Coding Issue

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: [past 30 days and in your life]

P6. Experienced hallucinations (saw things/heard voices that others did not see or hear)
• not related to religious/ceremonial practices.

P7. Experienced trouble understanding, concentrating, or remembering?

Intent/Key Points

Item P7 Lifetime refers to serious psychiatric symptoms over a significant time (approximately 2 weeks). Item P6 Lifetime is of sufficient importance that even its brief existence warrants that it be recorded. For Items P6 and P7, the patient should understand that symptoms that are the ***direct biochemical result*** of alcohol, drugs, or withdrawal are not included. It has been our experience that the patient will usually be able to differentiate a sustained period of emotional problem from a drug- or alcohol-induced effect.

It is particularly important to let the patient know that hallucinations related to religious, spiritual, or ceremonial practices such as sweat lodges or sun dances would not be coded here.

Suggested Interviewing Technique

We recommend that you ask the lifetime questions before you ask the questions pertaining to the past 30 days.

> *"Mr. Smith, have you had a significant period in your life in which you saw things other people didn't see or heard things others didn't hear?"*
>
> *"How about the past 30 days?"*

Additional Probe

☐ The nature of the hallucination (what the patient saw or heard)

Coding Issue

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

BEST COPY AVAILABLE

Have you had a significant period of time in which you have: [past 30 days and in your life]

P8. **Experienced trouble controlling violent behavior including episodes of rage or violence.**

P9. **Experienced serious thoughts of suicide: Times when the patient seriously considered a plan for taking his or her life.**

P10. **Attempted suicide: Include discrete suicidal gestures or attempts.**

Intent/Key Points

The experiences asked about in Items P8, P9, and P10 are of sufficient importance that even their brief existence warrants that they be recorded. Further, the seriousness of Items P8, P9, and P10 warrants inclusion even if the events were caused by or associated with alcohol or drug use.

Important: For Item P9, ask the patient if he or she has recently considered suicide. If the answer is "yes" to this question, and/or the patient gives the distinct impression of being depressed to the point at which suicide may become a possibility, notify a senior member of the treatment staff of this situation as soon as possible.

An interviewer should probe further: How recent were the thoughts? Are they current? Does the client have a plan? Does the patient have access to the plan? Is there a history of attempted suicide? (This is the question asked in P10. If the answers to any of these questions are "yes," notify a senior member of the treatment staff of this situation as soon as possible. This is a situation that may require immediate response by the treatment agency.)

Suggested Interviewing Technique

We recommend that you ask the lifetime questions before you ask the questions pertaining to the past 30 days.

> *"Mr. Smith, have you had a significant period in your life in which you have experienced trouble controlling violent behavior?"* Then—
>
> *"Have you experienced trouble controlling violent behavior during the past 30 days?"*

Additional Probes

☐ Circumstances surrounding the symptom (*"What made you get violent?"*)
☐ Details of the suicide plan (*"How were you going to do it?"*)
☐ Whom would the patient prefer to call if making a safety contract?

Coding Issue

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: [past 30 days and in your life]

P11. Been prescribed medication for psychological or emotional problems?

- **The medicine must have been prescribed for the patient, by a physician, for a psychiatric or emotional problem. Record "yes" if the medication was prescribed, even if the patient did not take it.**

Intent/Key Points

To record information about whether the patient has had psychiatric problems that warrant medication.

Suggested Interviewing Technique

It is recommended that the interviewer first ask the lifetime question from each pair. For example:

> *"Have you ever taken prescribed medication for any psychological or emotional problem?"*

Regardless of the answer, the interviewer should inquire about the past 30 days.

> *"How about more recently? Have you taken any psychiatric medication in the past 30 days?"*

If you probed sufficiently in any of the earlier questions you may have found out a client was on prescribed medications. You may want to ask this question in the following way.

> *"You stated earlier you were prescribed and were taking* [insert the name of the drug, e.g., Prozac, Zoloft, Mellaril] *as a result of the hospitalization in 1998 you were telling me about. Aside from this, have you been prescribed any other medications for psychological and/or emotional problems?"*

Additional Probes

☐ The types of medication taken
☐ The patient's perception of the reason for the medication to be taken
☐ Whether or not the patient has been taking the medication as prescribed
☐ Was the medication helpful to the patient?

Coding Issue

- The Past 30 Days and the In Your Life (lifetime) intervals are designed to be considered separately. The past 30 days will provide information on recent problems, while the lifetime category will indicate a history of problems prior to the past 30 days.

P12. How many days in the past 30 days have you experienced these psychological or emotional problems?

Intent/Key Points

To record the number of days that the patient has experienced the previously mentioned psychological or emotional problems. Be sure to have the patient restrict his or her responses to those problems counted in Items P4 through P11.

Suggested Interviewing Technique

Although many patients admit experiencing some of the individual symptoms, they may not identify them as "psychological or emotional problems." For example, they may say that although they have had trouble controlling violent behavior in the past 30 days, they have not experienced any emotional problems. ("Hey, I 'm not crazy . . . People mess with me, I defend myself.") Therefore, we have found it helpful to target the question to the specific symptoms reported in Items P4–P11. For example:

> *"Mr. Smith, how many days in the past 30 days have you experienced the anxiety* [or the depression, or the trouble controlling violent behavior] *that you mentioned?"*

Additional Probes

- ☐ Duration of the symptom
- ☐ Trigger for the symptom (if applicable)

PSYCHIATRIC STATUS PATIENT RATING

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P14. How important to you now is treatment for these psychological problems?

Intent/Key Points

To record the patient's feelings about how bothersome the previously mentioned psychological or emotional problems have been in the past month and how interested the patient would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in Items P4 through P11.

Suggested Interviewing Technique

When asking the patient to rate the problem, use the name of it, rather than the term "psychological problems." For example, if the patient reports having trouble with serious anxiety in the past 30 days, ask the patient Question 11 in the following way:

> *"Mr. Smith, how troubled or bothered have you been in the past 30 days by the anxiety that you mentioned?"*

Ask Item 14 in the following way:

> *"Mr. Smith, how important would it be for you to get additional treatment for the anxiety that you mentioned?"*

Coding Issues for Item P13

- Referring to Item P13, have the patient rate the severity of those problems in the past 30 days in P12. Be sure that patient understands that you do not necessarily mean transfer to a psychiatric institution, or psychotropic medication.

Note: If P12=0, we suggest that you ask Questions P13 and P14 in the following way, to double- check that the patient really hasn't had problems.

> *"So, Mr. Smith, it sounds like you haven't had any emotional or psychological problems in the past 30 days. May I assume that you haven't been bothered by any emotional or psychological problems?"* **or**
>
> *"So, Mr. Smith, it sounds like you haven't had any emotional or psychological problems in the past 30 days. Using our Patient's Rating Scale, how would you rate how troubled or bothered you are by emotional or psychological problems?"*

If the patient responds that in fact he or she is "troubled and bothered" by emotional or psychological problems but did not identify any days of problems, you must probe and ask what emotional or psychological problems those would be. You then must go back to P12 and ask how many days the patient was in fact bothered by those emotional or psychological problems. Enter the number of days and then ask P13 and P14.

Coding Issues for Item P14

- For Item P14, emphasize that you mean additional emotional or psychological treatment for those problems specified in Item P12.
- If a patient states that he or she is not at all troubled and/or bothered in P13, but states he or she is considerably interested in treatment, this may represent what appears to be an inconsistency in the client's response. Generally patients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations, the worker must go back and probe to clarify the inconsistency and enter the correct data, or if the data are correct and the inconsistency has an explanation, make a much-needed notation in the Comments section.
- The same is true if the patient responds that he or she is in fact "troubled and/or bothered" by a problem but are "not at all" interested in treatment. This may represent what appears to be an inconsistency in the patient's response. Generally, patients are interested in treatment for problems they do consider themselves to have. In these situations, the worker must go back and probe to clarify the inconsistency and enter the correct data, or if the data are correct and the inconsistency has an explanation, make a notation in the Comments section.

PSYCHIATRIC STATUS PATIENT SYMPTOMS

These are ratings by the interviewer based on his or her observations of the patient. The interviewer should use his or her judgment based on the patient's behavior and answers during the interview. Do not overinterpret; count only the presence of overt symptoms in these categories. Patients experience an appropriate amount of anxiety during the assessment interview that is quite natural and expected. This would not be counted as the patient being "obviously anxious or nervous."

At the time of the interview, the patient was:

P15. **Obviously depressed/withdrawn**

P16. **Obviously hostile**

P17. **Obviously anxious/nervous**

P18. **Having trouble with reality testing, thought disorders, paranoid thinking**

P19. **Having trouble comprehending, concentrating, remembering**

P20. **Having suicidal thoughts**

Note: If a "yes" response is recorded, it is strongly recommended that you make the appropriate notation in the Comments section justifying the "yes" response. Remember, we are recording overt symptoms.

PSYCHIATRIC STATUS INTERVIEWER SEVERITY RATING

P21. How would you rate the patient's need for psychiatric/psychological treatment?

Remember the two-step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–11 in the Psychiatric Status section).***

0–1 No problem, treatment not needed
2–3 Slight problem, treatment probably not indicated
4–5 Moderate problem, some treatment indicated
6–7 Considerable problem, treatment necessary
8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

Critical Objective Items of the Psychiatric Status Section

Item	Description
P1	Lifetime Hospitalizations
P4–11	Present and Lifetime Symptoms

Step 2: ***Factor in the Patient's Rating Scale. Pick the score that represents the Patient's Rating Scale.***

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and he or she would be extremely interested in treatment for psychological/emotional problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the Psychiatric section. The severity rating for this section should have no effect on any other sections.

Note: Select the rating that best reflects this client's need for "additional" treatment. Select that rating.

PSYCHIATRIC STATUS CONFIDENCE RATING

Is the above information significantly distorted by:

P22. Patient's misrepresentation?

P23. Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

These questions are not to be used as "denial meters." Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Spiritual and Ceremonial Practices

Introduction

This section is not found on any other version of the Addiction Severity Index. When dealing with a client's spiritual and ceremonial practices, be aware of your preconceptions and limitations, and ask these questions with respect and consideration for others' belief systems.

S1. Do you have a belief in a "God," a "Higher Power," or "Creator"?

Intent/Key Points

To determine whether or not the client has a belief system

Suggested Interviewing Technique

Ask the question as written. You may also want to add descriptions such as "Supreme Being" or "a Being that rules or reigns over all others."

Additional Probe

- ☐ If client answers "yes," you may want to probe for the preferred name of this "Higher Power" or "Supreme Ruler" and for the client's belief and the importance of this belief system in his or her life.

Concerning your spiritual life, what changes would you like help making?

S2. Learning more about prayer?
S3. Learning more about meditation?
S4. Education about a particular religion/spirituality?
S5. Changing attitude toward God/Creator?

Intent/Key Points

To identify facets in the client's spiritual life in which he or she may desire a change or an improvement. These changes may be in the areas of prayer, meditation, education about a particular religion/spirituality, or about a change in attitude toward God/Creator. If the client answers "yes" for any of the above questions, be sure to specify in the Comments section.

Suggested Interviewing Technique

If the client reports an answer of "no" to any of the above questions, you may ask questions like:

> *"Mr. Smith, you just stated that you have no desire to make any changes in learning more about prayer* [meditation, education about a particular religion/spirituality, or about your attitude toward God/Creator]. *Would you say that you are content in your current state of affairs in regard to your prayer life* [meditation practices, education about a particular religion/spirituality, or about a change in attitude toward God/Creator]*?*
>
> **or**
>
> *"Is your answer 'no' due to the fact that you don't practice prayer* [meditation, religion/spirituality], *or you don't desire a change in your attitude toward God* [Creator] *at all, or are you indifferent about it?"*

If the client answers "yes" to Questions S2 to S5, you may ask questions like:

> *"Mr. Smith, what type of changes would you like help making in your life in regard to prayer* [meditation, education about a particular religion/spirituality]*? And how would you like to go about making these changes?"*

Additional Probe

☐ As above

S6. Do you have a spiritual leader or traditional/cultural person available for guidance?

S7. Do you seek out and utilize this person from time to time?

Intent/Key Points

To record information about the availability of the client's spiritual leadership and if availability does indeed exist, the utilization of this leadership. If in Question S1, the client responds "no" in reference to having a belief in a "God" or "Higher Power," it is quite likely that S6 and S7 may be answered as "no" by the client.

Suggested Interviewing Technique

Be sure to let the client know that this question is in reference to spiritual leadership. It does not refer to someone in the community that he or she may "look up to" as a role model. It is also not a reference to an older person or someone close to the client who gives the client advice. These questions are more in reference to a pastor or priest or other identified spiritual leader.

Additional Probes

You may probe further to find out how often this person is utilized by the client and to what extent this utilization occurs of is helpful.

If the client reports that he or she does indeed have a belief in a "God" or "Higher Power" but answers "no" in Questions S6 and S7, it may be wise to further probe as to whom, if anyone, does the client seek for spiritual leadership (e.g., close friends, or a confidante, or does the client simply keep all feelings inside).

Coding Issue

- If the client responds "no" to Question S6, then the answer to be coded in S7 is automatically "no."

S8. Are you comfortable with your spirituality and beliefs?

Intent/Key Points

To record information about the patient's comfort with his or her spirituality and beliefs. As in Questions S6 and S7, if in Question S1, the client reports not having a belief in a "God" or "Higher Power," it is quite likely that S8 may be answered as "no" by the client.

If the client reports a feeling of indifference, this response must indicate that the patient is genuinely comfortable with his or her level of involvement in spiritual or cultural practices, not that he or she is merely resigned to it. For example, if the client's family is of a certain religion, and the patient doesn't genuinely believe in its practices or customs, but, rather, just adheres to them because of the family's affiliation with this particular religion, this would not be coded as "indifferent."

Suggested Interviewing Technique

You may ask the client questions such as:

> *"Mr. Smith, what aspects of your spirituality are you not comfortable with?*
>
> *"What, in your opinion, can be done to alleviate this uncomfortable feeling?"*

Additional Probe

☐ Reasons for discomfort (if applicable)

Do you regularly participate in:

S9. **Native American religious ceremonies/activities (sweat lodges, sun dances, etc.)**

S10. **Native American Church meetings?**

S11. **Native American cultural activities?**

S12. **Native American dance activities?**

Intent/Key Points

To determine the client's level of participation in Native American activities (cultural, religious, etc.). For the above items code "yes" only if the client *regularly* participates in the above activities/meetings. If the client participates only "once in a while," this does not constitute regular participation.

Suggested Interviewing Technique

You may have to provide a frame of reference (weekly, monthly, biweekly, etc.) for the client.

You may ask the client questions such as:

> *"Mr. Smith, do you consider yourself to be a* ***regular*** *participant of Native American religious ceremonies (Church meetings, cultural activities, etc.)?"*
>
> *"Mr. Smith, how often, if at all, do you participate in Native American religious ceremonies (Church meetings, cultural activities, etc.)?"*
>
> *"Mr. Smith, have you participated in any Native American activities in the past 30 days (week, year, etc.)?"*

Additional Probes

☐ You may also want to probe and comment on what is done in these activities if the client cares to disclose this type of information.

☐ You may also want to probe and comment on reasons for a lack of participation.

BEST COPY AVAILABLE

S13. Are you familiar with your Native language?

What is the primary language you speak:

1–Native language 2–English 3–Spanish 4–Other

S14. At home?

S15. With friends?

Intent/Key Points

To assess the extent of a client's familiarity with his or her Native language. This item refers to ***familiarity***, which is not necessarily equivalent to fluency in the Native language, but, rather that the client has indeed heard of, or has been in the presence of his or her Native language being spoken, and has some understanding of the language. Examples of understanding: the client knows simple phrases in his or her Native language or can carry on a simple conversation in the language.

Also, record the ***primary*** language spoken at home and with friends. If the client is fluent in a language, that language is not necessarily the primary language spoken at home and with friends. Be certain to inquire of the primary language.

Suggested Interviewing Technique

You may ask questions such as:

> *"Mr. Smith, are you fluent in your Native language?"* (If this answer is 'yes,' Item S13 should automatically be coded "1.")
>
> *"Mr. Smith, what language do you consider to be your primary language?"*
>
> *"Mr. Smith, what language do you speak most often at home (with friends)?"*

Additional Probe

☐ You may want to probe and find out if the client is equally familiar with more than one language (e.g., English and Native language, or Spanish and Native language). Also, the client may primarily speak more than one language at home and around friends due to the fact that maybe not all of his or her friends/family are of the same ethnicity.

Coding Issue

- If the client is fluent in his or her Native language, Item S13 should automatically be coded "1."

S16. How many days in the past 30 days have you had concerns or problems with spiritual or cultural practices?

Intent/Key Points

To record the number of days out of the past 30 days that the client experienced any concerns or problems dealing with spiritual or cultural practices. This item refers to the number of days that the patient has experienced any dissatisfaction, distress, etc., with his or her spiritual or cultural practices, and not to the severity of the problem(s).

Suggested Interviewing Technique

Ask the above question as written, with examples.

> *"Mr. Smith, how many days in the past 30 days have you had any concerns or problems with your spiritual or cultural practices, where you may have felt distressed or sad about these things?"*

Additional Probe

☐ The nature of the concerns or problems (What are these concerns in regard to?)

> *"Have you sought guidance for these concerns or problems from a spiritual leader or confidante?"*

SPIRITUAL AND CEREMONIAL PRACTICES PATIENT RATING

S17. How troubled or bothered have you been by problems with spiritual or cultural practices?

S18. How important to you now is counseling for these problems/concerns? (including learning Native American cultural practices and ceremonies)

Intent/Key Points

To record the patient's feelings about how bothersome any previously mentioned spiritual or cultural problems or concerns have been in the past month, and how interested the client would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other problems reported in and unique to the Spiritual and Ceremonial Practices section.

Suggested Interviewing Technique

When asking the patient to rate the problem, mention it specifically, rather than using just the term "problems." For example, if the patient reports being troubled by problems with a certain religious ceremony such as a sweat or sun dance, phrase the question like this:

> *"Mr. Smith, how troubled or bothered have you been in the past 30 days by the spiritual or cultural problems such as those that you told me about with your ceremonial sweat lodge or sun dance?"*

Ask the patient Question S18 in the following way:

> *"Mr. Smith, how important is it for you to receive counseling or talk to someone about the problems that you have just mentioned?"*

Additional Probe

☐ Details of the problems

Coding Issue

- Do not include problems that would be eliminated if the patient's substance abuse problems were absent.

Cross-check

✓ Cross-check items with other items in the section that refer to problems.

Note: If a client states that he or she is "not at all" troubled and/or bothered in Items S17, but states he or she is "considerably" interested in treatment in Item S18, this may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations, the counselor should go back and probe to clarify the inconsistency and enter the correct data; or if the data are correct and the inconsistency has an explanation, make a notation in the Comments section.

The same is true if the client responds that he or she is in fact "troubled and/or bothered" by a problem but is "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they report. In these situations, go back and probe to clarify the inconsistency and enter the correct data; or if the data are correct and the inconsistency has an explanation, make a notation in the Comments section.

SPIRITUAL AND CEREMONIAL PRACTICES INTERVIEWER SEVERITY RATING

S19. How would you rate the patient's need for spiritual or cultural counseling?

Remember the two-step derivation method for severity ratings:

Step 1: ***Reduce the 10-point scale (0–9) to two or three points, using only the objective items.***

0–1	No problem, treatment not needed
2–3	Slight problem, treatment probably not indicated
4–5	Moderate problem, some treatment indicated
6–7	Considerable problem, treatment necessary
8–9	Extreme problem, treatment absolutely necessary

For the Spiritual and Ceremonial Practices section, there are no "critical objective items."

Step 2: ***Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.***

For example, if the interviewer's three-point range is 4-5-6, and the patient reports that he or she has been extremely bothered and would be extremely interested in treatment for spiritual problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for these issues. The severity rating for this section should have no effect on any other sections.

SPIRITUAL AND CEREMONIAL PRACTICES CONFIDENCE RATING

Is the above information significantly distorted by:

S20. Patient's misrepresentation?
S21. Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. This does not mean a simple "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

User's Guide for Questions Not Included in the ASI, North Dakota State Adaptation for Use With Native Americans

Not all questions from other versions of the ASI were included in the North Dakota State Adaptation for Use With Native Americans. The instructions for these questions are included here for the convenience of the reader.

GENERAL INFORMATION

G4. Race

Intent/Key Points

To record the client's primary race.

Suggested Interviewing Technique

Ask the question as follows:

> *"Mr. Smith, what do you consider to be your race?"*

Read the list if necessary.

Coding Issue

- If the client identifies more than one race, note this under Comments. Develop a special code–e.g., "X"–for this situation and use it consistently.

EMPLOYMENT/SUPPORT STATUS

E7. Usual (or last) occupation

Intent/Key Points

To record information about the patient's job, in addition to the level of skill the job demands as defined by the Hollingshead scale. Record the name of the patient's usual occupation. Record the usual occupation, even if the patient has recently been working in a different capacity. ***If the patient does not have a usual occupation, then record the most recent job.***

Suggested Interviewing Technique

Ask about the patient's usual job. If the patient reports doing "whatever comes along," ask about his or her last occupation.

> *"Mr. Smith, what do you usually do for a living?"*

If Mr. Smith does many different things,

> *"Mr. Smith, what is the last job that you've held?"*

Additional Probe

☐ Names of places where the patient has worked

Coding Issues

- Code as "N" only when the patient has never worked at all.
- Be sure to specify within general classes of work (if the client is a salesperson, then specify: computer sales, used car sales, etc.).

Cross-check

✓ Employment/Support Status Items E2, E3, E6 (possibly)

Hollingshead Categories

1. Higher executives, major professionals, owners of large businesses
2. Managers of medium-sized businesses, nurses, opticians, pharmacists, social workers, and teachers
3. Administrative personnel, managers, minor professionals, owners of small businesses: bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent
4. Clerical and sales, technicians: bank teller, bookkeeper, clerk, craftsman, timekeeper, and secretary
5. Skilled manual—usually having had training (baker, barber, brakeman, chef, electrician, fire fighter, lineman, machinist, mechanic, paper hanger, painter, repairperson, tailor, welder, police officer, plumber)
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator)
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, ***including unemployed***)
8. Homemaker
9. Student, disabled, no occupation

DRUG AND ALCOHOL USE

D99. [Optional] How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days?

When Item D99 is included, it can be asked about in conjunction with Item D25. Question D25 asks how many days the patient has been treated in an ***outpatient*** *setting.*

Intent/Key Points

Treatment refers to any type of either outpatient (the patient does not spend the night at the treatment setting) or inpatient (hospital-based, residential, halfway house, etc.) substance abuse therapy. This does not include psychological counseling or other therapy for non-abuse problems.

Suggested Interviewing Technique

As the questions as written below.

> *"Mr. Smith, how many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?"*
>
> *"How many days have you been treated as an inpatient, when you lived or remained in the treatment setting overnight?"*

Additional Probes

- Names of programs
- Types of meetings

Coding Issues

- Include methadone maintenance; AA, NA or CA meetings; and Antabuse, etc. in outpatient category.
- Treatment requires personal (or at least telephone) contact with the treatment program. ***The fact that the patient was "officially enrolled" in a program does not count if he or she has not attended at least three sessions.***

Part III

Chapter 6—Adapting the Addiction Severity Index, Fifth Edition

Chapter 7—Addiction Severity Index, Fifth Edition Clinical/Training Version

Chapter 6—Adapting the Addiction Severity Index, Fifth Edition

The clinician who is adapting the ASI to increase cultural sensitivity may choose to adapt either the research version of the ASI (see chapter 1) or the Clinical/Training Version (see chapter 7). The following general guidelines for adapting the ASI apply to both versions.

GUIDELINES FOR ADAPTING THE ASI

Items currently on the ASI should not be eliminated or replaced with substitute questions, particularly if the items are included in the composite scores. The ASI items have been tested for reliability and validity as individual items and as part of the composite and/or severity scores. To eliminate or substitute existing items could significantly reduce the reliability and comparability of these data.

However, it is possible to eliminate an entire section of the ASI—that is, a section dealing with a single topic area. In some cases, a section of the ASI may not be applicable for a specific population, is not the focus of the assessment, or may duplicate some other instrument already in use by a treatment program. In these cases, it is possible (and even desirable) to eliminate that entire section of the ASI dealing with a particular problem area.

The needs of your particular population, research study, or governing agency will dictate the specific need for additional instructions, questions, or sections. To adapt the ASI adequately, some projects may only need to add additional instructions or some new questions. As an example, ASI-ND/NAV adds an instruction in the psychiatric section concerning the assessment of hallucinations in this Native American population. Additional questions may be needed for a variety of purposes. For example, in a pregnant women's version of the ASI, additional questions may be added about prenatal care. For the ASI/JCAHO Version, the authors added sections on leisure-time activities and on spirituality.

Adding Instructions to the ASI

When adding instructions to the ASI instrument, you need to be clear about the intent of the ASI question. The intent of the original ASI question should not be altered. Information on the intent of each question can be found in the *ASI User's Guide,* available from the authors. It is also possible to determine the intent of questions from the *Revised User's Guide* in this volume, although all of the questions may not be applicable to your target audience. If you wish to use a question that was not included in the ASI-ND/NAV version of the instrument, see the end of the *Revised User's Guide*.

To return to an example from the North Dakota/Native American Version, the intent when documenting the occurrence of hallucinations in the psychiatric section is to show a history of this psychiatric symptom. Since the cause of hallucinations experienced by Native Americans during religious practices is not consistent with the intent of this question, additional instructions are added. Otherwise, these experiences may be coded on the ASI in a way that would suggest psychiatric impairment.

Adding Questions to the ASI

To properly place new questions in the ASI, it is necessary to determine whether or not the response should affect the severity ratings for that particular problem. When adding questions to the ASI instrument, the preferable method is to place questions specific to each given topic at the end of the pertinent section, just after the ASI confidence rating. In this way, the additional information does not alter the severity rating. However, *if the severity ratings are not being used*, questions can be added within each section, grouped with related items, to maximize the conversational nature of the interview.

An example would be questions about visits to a physician for prenatal care, which could be added in the medical section just after questions about hospitalizations. The addition of questions within the section will clearly affect the severity ratings; however, this is of minimal concern for evaluators or researchers, since the severity ratings are not used for evaluation or research purposes. The composite scores, used for research, are never altered by the addition of pertinent questions regardless of where they are placed.

Groupings That Should Not Be Altered

Each section of the ASI has several interrelated groupings of questions that should not be altered or interrupted. These are:

- General Information:
  Questions G14-G15 and Questions G19-G20
- Medical Status:
  Questions M1-M2 and M6-M8
- Employment/Support Status:
  Questions E4-E5, E8-E9, E11-E17, and E19-E21
- Drug/Alcohol Use Status:
  Questions D14-D16, D19-D22, and D26-D31
- Legal Status:
  Questions L16-L17, L21-L23, L24-L25, and L28-L29
- Family/Social Relationships:
  Questions F1-F3, F4-F6, F7-F8, F9-F10, and F30-F35.
- Psychiatric Status:
  Questions P11-P13

In each section, the final questions asked of the person being interviewed follow the same sequence. These final questions pertain to the number of days in the past 30 days that the client has experienced problems, the client's rating of how bothered he or she is by these problems, and the interviewer's rating of the client's need for treatment for these problems. The flow of these "final three" questions, seen at the end of each section, should not be interrupted by the insertion of additional questions.

Adding Sections to the ASI

When adding entire sections to the ASI, the best place to add them is at the end of the instrument. It is helpful to the flow of the interview if the questions are similar in design to existing ASI sections. For example, new questions should be designed to ask about problems within a timeframe of the past 30 days and lifetime, or to ask the number of days in the past 30 days that the particular behavior or symptom is exhibited. For this reason, and for ease of analysis, we also suggest that the number of open-ended questions be limited.

This format of the ASI was created as a result of requests from the field for a more "clinician friendly" document. If you add questions in the ASI-Clinical Training Version, you should add hints about coding your questions similar to those found in the instrument for the original ASI questions. This will keep the format of the questions consistent.

Chapter 7—Addiction Severity Index, Fifth Edition, Clinical/Training Version

Addiction Severity Index, 5th Edition

Clinical/Training Version

A. Thomas McLellan, Ph.D.

Deni Carise, Ph.D

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive the same standard interview. All information gathered is ***confidential***.

We will discuss two time periods:

1. The past 30 days
2. Lifetime data

Patient Rating Scale: Patient input is important. For each area,
I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you in the area being discussed.

The scale is: 0–Not at all
1–Slightly
2–Moderately
3–Considerably
4–Extremely

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!
Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of comments and include the question number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
3. X = Question not answered.
   N = Question not applicable.
4. Stop the interview if the client misrepresents two or more sections.
5. Tutorial and coding notes are preceded by •.

INTERVIEWER SCALE: 0–1 = No problem
2–3 = Slight problem
4–5 = Moderate problem
6–7 = Severe problem
8–9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

PROBE AND MAKE PLENTY OF COMMENTS!

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Painkillers = Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sedatives/ Hypnotics/ Tranquilizers	Benzodiazepines, Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown Chloral Hydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Freebase Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Just note if these are used:
Antidepressants
Ulcer Medications—Zantac, Tagamet
Asthma Medications—Ventoline Inhaler, Theo-Dur
Other Medications—Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30-day questions require only the *number* of days used.
- Lifetime use is asked to determine extended periods of *regular* use. It refers to the time prior to the past 30 days.
- Regular use = 3+ times per week, 2+ day binges, or problematic, irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk"; use the words "felt the effects," "got a buzz," "high," etc. instead of "intoxication." As a rule of thumb, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
  - ✓ How many days in the past 30 days have you used…?
  - ✓ How many years in your life have you *regularly* used…?

BEST COPY AVAILABLE

Addiction Severity Index, 5th Edition **(Clinical/Training Version)**

GENERAL INFORMATION

G1. ID No.: ☐☐☐☐☐☐☐☐☐

G2. Soc. Sec. No.: ☐☐☐ - ☐☐ - ☐☐☐☐

G4. Date of Admission: ☐☐ / ☐☐ / ☐☐☐☐ (Month/Day/Year)

G5. Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐ (Month/Day/Year)

G6. Time Begun: (Hour:Minutes) ☐☐ : ☐☐

G7. Time Ended: (Hour:Minutes) ☐☐ : ☐☐

G8. Class: 1. Intake 2. Follow-up ☐

G9. Contact Code: 1. In person 2. Telephone ☐
(Intake ASI must be in person)

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No./Initials: ☐☐☐

G12. Special: ☐
1. Patient terminated
2. Patient refused
3. Patient unable to respond
N. Not applicable

____
Name

____
Address 1

____
Address 2

____
City State Zip Code

G14. How long have you lived at this address? ☐☐ / ☐☐ (Years/Months)

G15. Is this residence owned by you or your family? ☐
0-No 1-Yes

G16. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (Month/Day/Year)

G17. Of what race do you consider yourself? ☐

1. White (not Hispanic)
2. Black (not Hispanic)
3. American Indian
4. Alaskan Native
5. Asian/Pacific Islander
6. Hispanic-Mexican
7. Hispanic-Puerto Rican
8. Hispanic-Cuban
9. Other Hispanic

G18. Do you have a religious preference? ☐

1. Protestant
2. Catholic
3. Jewish
4. Islamic
5. Other
6. None

G19. Have you been in a controlled environment in the past 30 days? ☐

1. No
2. Jail
3. Alcohol/Drug Treatment
4. Medical Treatment
5. Psychiatric Treatment
6. Other: ______________

- A place, theoretically, without access to drugs/alcohol.

G20. How many days? ☐☐

- "NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

G21. ______________________ ☐☐☐

G22. ______________________ ☐☐☐

G23. ______________________ ☐☐☐

G24. ______________________ ☐☐☐

G25. ______________________ ☐☐☐

G26. ______________________ ☐☐☐

G27. ______________________ ☐☐☐

G28. ______________________ ☐☐☐

	SEVERITY PROFILE									
PROBLEMS	0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUPPORT										
ALCOHOL										
DRUGS										
LEGAL										
FAMILY/SOCIAL										
PSYCH.										

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

____

____

____

____

____

____

____

____

____

____

____

____

BEST COPY AVAILABLE

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? ☐☐
- Include ODs and DTs. Exclude detox, alcohol/drug, psychiatric treatment, and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem? ☐☐ / ☐☐ (Years/Months)
- If no hospitalizations in Question M1, then this should be "NN."

M3. Do you have any chronic medical problems that continue to interfere with your life? 0–No 1–Yes ☐
- ***If Yes, specify in comments.***
- A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction), preventing full advantage of the person's abilities.

M15.<**OPTIONAL**> Number of months pregnant: ☐ (Months)
- "N" for males, "0" for not pregnant.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0–No 1–Yes ☐
- ***If Yes, specify in comments.***
- Medication prescribed by an M.D. for medical conditions; ***not psychiatric medicines***. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? 0–No 1–Yes ☐
- ***If Yes, specify in comments.***
- Include worker's compensation; exclude psychiatric disability.

M6. How many days have you experienced medical problems in the past 30 days? ☐☐
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles).

For Questions M7 & M8, ask the patient to use the Patient's Rating Scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐
(Restrict response to problem days of Question M6.)

M8. How important to you now is treatment for these medical problems? ☐
- If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.

Interviewer Severity Rating

M9. How would you rate the patient's need for medical treatment? ☐
- Refers to the patient's need for ***additional*** medical treatment.

Confidence Rating

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0–No 1–Yes ☐

M11. Patient's inability to understand? 0–No 1–Yes ☐

MEDICAL COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1. Education completed: ☐☐/☐☐ (Years/Months)
- GED = 12 years, note in comments.
- Include formal education only.

E2. Training or technical education completed: ☐☐ (Months)
- Formal/organized training only. For military training, include only training that can be used in civilian life (e.g., electronics, artillery).

E3. Do you have a profession, trade, or skill? 0-No 1-Yes ☐
- Employable, transferable skill acquired through training.
- If Yes, specify ______________________

E4. Do you have a valid driver's license? ☐
- Valid license; not suspended/revoked. 0-No 1-Yes

E5. Do you have an automobile available for use? ☐
- If answer to E4 is No, then E5 must be No. 0-No 1-Yes Does not require ownership, requires only availability on a regular basis.

E6. How long was your longest full-time job? ☐☐/☐☐ (Years/Months)
- Full time = 40+ hours weekly; does not necessarily mean most recent job.

E7. Usual (or last) occupation? ☐
(specify) ______________________
(Use Hollingshead Categories Reference Sheet)

E8. Does someone contribute to your support in any way? ☐
0-No 1-Yes
- Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution.

E9. Does this constitute the majority of your support? ☐
0-No 1-Yes
- If E8 is No, then E9 is N.

E10. Usual employment pattern, past 3 years? ☐

1. Full time (40 hrs/week)	5. Service/Military
2. Part time (regular hours)	6. Retired/Disability
3. Part time (irregular hours)	7. Unemployed
4. Student	8. In controlled environment

- Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

BEST COPY AVAILABLE

EMPLOYMENT/SUPPORT (cont.)

E11. How many days were you paid for working in the past 30 days? ☐☐
- Include "under the table" work, paid sick days, and vacation.

For Questions E12–17:

How much money did you receive from the following sources in the past 30 days?

E12. Employment ☐☐☐☐
- Net or "take home" pay; include any "under the table" money.

E13. Unemployment compensation ☐☐☐☐

E14. Welfare ☐☐☐☐
- Include food stamps, transportation money provided by an agency to go to and from treatment.

E15. Pensions, benefits, or Social Security ☐☐☐☐
- Include disability, pensions, retirement, veteran's benefits, SSI, and worker's compensation.

E16. Mate, family, or friends ☐☐☐☐
- Money for personal expenses (e.g., clothing); include unreliable sources of income. Record ***cash*** payments only; include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.

E17. Illegal ☐☐☐☐
- Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.

E18. How many people depend on you for the majority of their food, shelter, etc.? ☐☐
- Must be regularly depending on patient; do include alimony/child support; do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30 days? ☐☐
- Include inability to find work, if actively looking for work, or problems with present job in which that job is jeopardized.

For Questions E20 & E21, ask the patient to use the Patient's Rating Scale.

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐
- If the patient has been incarcerated or detained during the past 30 days, he or she cannot have employment problems. In that case, an N response is indicated.

E21. How important to you now is counseling for these employment problems? ☐
- Stress help in finding or preparing for a job, not giving the patient a job.

Interviewer Severity Rating

E22. How would you rate the patient's need for employment counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

E23. Patient's misrepresentation? 0–No 1–Yes ☐

E24. Patient's inability to understand? 0–No 1–Yes ☐

EMPLOYMENT/SUPPORT COMMENTS (cont.)

(Include question number with your notes)

BEST COPY AVAILABLE

ALCOHOL/DRUGS

Route of administration:

1. Oral
2. Nasal
3. Smoking
4. Non-IV injection
5. IV injection

- *Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

	Past 30 Days	Years of Regular Use	Route of Admin.
D1. Alcohol (any use at all)	☐☐	☐☐	▨
D2. Alcohol (to intoxication)	☐☐	☐☐	▨
D3. Heroin	☐☐	☐☐	☐
D4. Methadone	☐☐	☐☐	☐
D5. Other Opiates/Analgesics	☐☐	☐☐	☐
D6. Barbiturates	☐☐	☐☐	☐
D7. Sedatives/Hypnotics/Tranquilizers	☐☐	☐☐	☐
D8. Cocaine	☐☐	☐☐	☐
D9. Amphetamines	☐☐	☐☐	☐
D10. Cannabis	☐☐	☐☐	☐
D11. Hallucinogens	☐☐	☐☐	☐
D12. Inhalants	☐☐	☐☐	☐
D13. More than one substance per day (including alcohol)	☐☐	☐☐	▨

D14. According to the interviewer, which substance(s) is/are the major problem? ☐☐

- Interviewer should determine the major drug of abuse. Code the number next to the drug in Questions D1–12, or "00" = no problem, "15" = alcohol and one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance? ☐☐ (Months)

- Last attempt of at least 1 month, not necessarily the longest. Periods of hospitalization/incarceration ***do not count***. Periods of Antabuse, methadone, or naltrexone use during abstinence ***do count***.
- "00" = never abstinent

D16. How many months ago did this abstinence end? ☐☐

- If D15 = "00," then D16 = "NN."
- "00" = still abstinent.

How many times have you:

D17. Had alcohol DTs? ☐☐

- ***Delirium Tremens*** (DTs): Occur 24-48 hours after last drink or significant decrease in alcohol intake; includes shaking, severe disorientation, fever, hallucinations. DTs usually require medical attention.

D18. Overdosed on drugs? ☐☐

- ***Overdoses*** (OD): Requires intervention by someone to recover, not simply sleeping it off; include suicide attempts by OD.

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

BEST COPY AVAILABLE

ALCOHOL/DRUGS (cont.)

How many times in your life have you been treated for:

D19. Alcohol abuse? ☐☐

D20. Drug abuse? ☐☐
- Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within 1-month period).

How many of these were detox only?

D21. Alcohol ☐☐

D22. Drugs ☐☐
- If D19 = "00," then Question D21 is "NN."
  If D20 = "00," then Question D22 is "NN."

How much money would you say you spent during the past 30 days on:

D23. Alcohol? ☐☐☐☐

D24. Drugs? ☐☐☐☐
- Count only actual money spent. What is the financial burden caused by drugs/alcohol?

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? ☐☐
- Include AA/NA

D99. <**OPTIONAL**> How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days? ☐☐

How many days in the past 30 days have you experienced:

D26. Alcohol problems? ☐☐

D27. Drug problems? ☐☐
- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to. . .

For Questions D28-D31, ask the patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.

How troubled or bothered have you been in the past 30 days by these:

D28. Alcohol problems? ☐

D29. Drug problems? ☐

How important to you now is treatment for:

D30. Alcohol problems? ☐

D31. Drug problems? ☐

Interviewer Severity Rating

How would you rate the patient's need for treatment for:

D32. Alcohol problems? ☐

D33. Drug problems? ☐

Confidence Rating

Is the above information significantly distorted by:

D34. Patient's misrepresentation? 0–No 1–Yes ☐

D35. Patient's inability to understand? 0–No 1–Yes ☐

ALCOHOL/DRUGS COMMENTS (cont.)

(Include question number with your notes)

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0–No 1–Yes ☐
- Judge, probation/parole officer, etc.

L2. Are you on parole or probation? 0–No 1–Yes ☐
- Note duration and level in comments.

How many times in your life have you been arrested and charged with the following:

L3. Shoplifting/Vandalism ☐☐

L4. Parole/Probation Violations ☐☐

L5. Drug Charges ☐☐

L6. Forgery ☐☐

L7. Weapons Offense ☐☐

L8. Burglary/Larceny/ Breaking and Entering ☐☐

L9. Robbery ☐☐

L10. Assault ☐☐

L11. Arson ☐☐

L12. Rape ☐☐

L13. Homicide/ Manslaughter ☐☐

L14. Prostitution ☐☐

L15. Contempt of Court ☐☐

L16. Other: ______ ☐☐

- Include total number of counts, not just convictions. Do not include juvenile (pre age 18) crimes, unless client was charged as an adult.
- Include formal charges only.

L17. How many of these charges resulted in convictions? ☐☐
- If L3–16 = 00, then question L17 = "NN."
- Do not include misdemeanor offenses from questions L18–20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication? ☐☐

L19. Driving while intoxicated? ☐☐

L20. Major driving violations? ☐☐
- Moving violations: speeding, reckless driving, no license, etc.

L21. How many months have you been incarcerated in your life? ☐☐
- If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

L22. How long was your *last* incarceration? ☐☐ (Months)
- Enter "NN" if never incarcerated.

L23. What was it for? ☐☐
- Use codes L3–16, L18–20. If multiple charges, choose the most severe. Enter "NN" if never incarcerated.

L24. Are you presently awaiting charges, trial, or sentencing? 0–No 1–Yes ☐

L25. What for? ☐☐
- Use the number of the type of crime committed: L3–16 and L18–20.
- Refers to Question L24. If more than one charge, choose the most severe.

L26. How many days in the past 30 days were you detained or incarcerated? ☐☐
- Include being arrested and released on the same day.

LEGAL COMMENTS

(Include question number with your notes)

LEGAL STATUS (cont.)

L27. How many days in the past 30 days have you engaged in illegal activities for profit? ☐☐
- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with Question E17 under Employm [illegible] pport Section.

For Questions L28-29, ask the patient to use the Patient's Rating Scale.

L28. How serious do you feel your present legal problems are? ☐
- Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems? ☐
- Patient is rating a need for ***additional*** referral to legal counsel for defense against criminal charges.

Interviewer Severity Rating

L30. How would you rate the patient's need for legal services or counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0–No 1–Yes ☐

L32. Patient's inability to understand? 0–No 1–Yes ☐

LEGAL COMMENTS (cont.)

(Include question number with your notes)

FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?

Mother's Side	Alcohol	Drug	Psych.	Father's Side	Alcohol	Drug	Psych.	Siblings	Alcohol	Drug	Psych.
H1. Grandmother	☐	☐	☐	H6. Grandmother	☐	☐	☐	H11. Brother	☐	☐	☐
H2. Grandfather	☐	☐	☐	H7. Grandfather	☐	☐	☐	H12. Sister	☐	☐	☐
H3. Mother	☐	☐	☐	H8. Father	☐	☐	☐				
H4. Aunt	☐	☐	☐	H9. Aunt	☐	☐	☐				
H5. Uncle	☐	☐	☐	H10. Uncle	☐	☐	☐				

0 = Clearly No for any relatives in that category X = Uncertain or don't know

1 = Clearly Yes for any relatives in that category N = Never had a relative in that category

- In cases in which there is more than one person for a category, report the most severe. Accept the patient's judgment on these questions.

FAMILY HISTORY COMMENTS

(Include question number with your notes)

BEST COPY AVAILABLE

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status: ☐
1–Married 3–Widowed 5–Divorced
2–Remarried 4–Separated 6–Never Married
- Code common-law marriage as "1" and specify in comments.

F2. How long have you been in this marital status (Question F1)? ☐☐/☐☐ (Years/Months)
- If never married, then since age 18.

F3. Are you satisfied with this situation? ☐
0–No 1–Indifferent 2–Yes
- Satisfied = generally liking the situation.
- Refers to Questions F1 and F2.

F4. Usual living arrangements (past 3 years): ☐
1–With sexual partner and children
2–With sexual partner alone
3–With children alone
4–With parents
5–With family
6–With friends
7–Alone
8–Controlled environment
9–No stable arrangement
- Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. How long have you lived in these arrangements? ☐☐/☐☐ (Years/Months)
- If with parents or family, since age 18.
- Code years and months living in arrangements from Question F4.

F6. Are you satisfied with these arrangements? ☐
0–No 1–Indifferent 2–Yes

Do you live with anyone who:

F7. Has a current alcohol problem? 0–No 1–Yes ☐

F8. Uses nonprescribed drugs, or abuses prescribed drugs? 0–No 1–Yes ☐

F9. With whom do you spend most of your free time? ☐
1–Family 2–Friends 3–Alone
- If a girlfriend/boyfriend is considered as family by patient, then the patient must refer to that person as "family" throughout this section, not as a friend.

F10. Are you satisfied with spending your free time this way? ☐
0–No 1–Indifferent 2–Yes
- A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.

F11. How many close friends do you have? ☐
- Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

Would you say you have had a close, long-lasting, personal relationship with any of the following people in your life:

F12. Mother ☐
F13. Father ☐
F14. Brothers/sisters ☐
F15. Sexual partner/spouse ☐
F16. Children ☐
F17. Friends ☐

0 = Clearly No for all in class
1 = Clearly Yes for any in class
X = Uncertain or "I don't know"
N = Never had a relative in category

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

BEST COPY AVAILABLE

FAMILY/SOCIAL (cont.)

Have you had significant periods in which you have experienced serious problems getting along with:

0–No 1–Yes	Past 30 days	In Your Life
F18. Mother	☐	☐
F19. Father	☐	☐
F20. Brother/sister	☐	☐
F21. Sexual partner/spouse	☐	☐
F22. Children	☐	☐
F23. Other significant family (specify) ____________	☐	☐
F24. Close friends	☐	☐
F25. Neighbors	☐	☐
F26. Coworkers	☐	☐

- "Serious problems" mean those that endangered the relationship.
- A "problem" requires contact of some sort, either by telephone or in person.

Has anyone ever abused you? 0–No 1–Yes

	Past 30 days	In Your Life
F27. Emotionally • Made you feel bad through harsh words.	☐	☐
F28. Physically • Caused you physical harm.	☐	☐
F29. Sexually • Forced sexual advances/acts.	☐	☐

How many days in the past 30 days have you had serious conflicts with:

F30. Your family? ☐

F31. Other people (excluding family)? ☐

For Questions F32–35, ask the patient to use the Patient's Rating Scale.

How troubled or bothered have you been in the past 30 days by:

F32. Family problems? ☐

F33. Social problems? ☐

How important to you now is treatment or counseling for:

F34. Family problems ☐

- Patient is rating his or her need for counseling for family problems, not whether the patient would be willing to attend.

F35. Social problems ☐

- Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

Interviewer Severity Rating

F36. How would you rate the patient's need for family and/or social counseling? ☐

Confidence Rating

Is the above information significantly distorted by:

F37. Patient's misrepresentation? 0–No 1–Yes ☐

F38. Patient's inability to understand? 0–No 1–Yes ☐

FAMILY/SOCIAL COMMENTS (cont.)

(Include question number with your notes)

BEST COPY AVAILABLE

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital or inpatient setting? ☐☐

P2. Outpatient/private patient? ☐☐
- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in comments if known.

P3. Do you receive a pension for a psychiatric disability? ☐
0–No 1–Yes

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have: 0–No 1–Yes

	Past 30 days	In Your Life
P4. Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?	☐	☐
P5. Experienced serious anxiety/tension—were uptight, unreasonably worried, unable to feel relaxed?	☐	☐
P6. Experienced hallucinations—saw things or heard voices that others didn't see/hear?	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering?	☐	☐
P8. Experienced trouble controlling violent behavior, including episodes of rage or violence? • Patient can be under the influence of alcohol/drugs.	☐	☐
P9. Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his or her life. Patient can be under the influence of alcohol/drugs.	☐	☐
P10. Attempted suicide? • Include actual suicidal gestures or attempts. • Patient can be under the influence of alcohol/drugs.	☐	☐
P11. Been prescribed medication for any psychological or emotional problems? • Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.	☐	☐

P12. How many days in the past 30 days have you experienced these psychological or emotional problems? ☐☐
- This refers to problems noted in Questions P4–P10.

For Questions P13–P14, ask the patient to use the Patient's Rating Scale.

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐
- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological or emotional problems? ☐

PSYCHIATRIC STATUS COMMENTS

(Include question number with your comments)

BEST COPY AVAILABLE

PSYCHIATRIC STATUS (cont.)

The following items are to be completed by the interviewer:

At the time of the interview, the patient was: 0–No 1–Yes

P15. Obviously depressed/withdrawn ☐

P16. Obviously hostile ☐

P17. Obviously anxious/nervous ☐

P18. Having trouble with reality testing, thought disorders, paranoid thinking ☐

P19. Having trouble comprehending, concentrating, remembering ☐

P20. Having suicidal thoughts ☐

Interviewer Severity Rating

P21. How would you rate the patient's need for psychiatric/psychological treatment? ☐

Confidence Rating

Is the above information significantly distorted by:

P22. Patient's misrepresentation? 0–No 1–Yes ☐

P23. Patient's inability to understand? 0–No 1–Yes ☐

PSYCHIATRIC STATUS COMMENTS (cont.)

(Include question number with your notes)

References

Brown, L.S.; Alterman, A.I.; Rutherford, M.J.; and Cacciola, J.S. Addiction Severity Index scores of four racial/ethnic and gender groups of methadone maintenance patients. *Journal of Substance Abuse* 5(3): 269-279, 1993.

Brown, E.; Frank, D.; and Friedman, A. *Expanded Female Version of the Addiction Severity Index Instrument, the ASI-F*. Herndon, VA: T. Head and Company, Inc., 1995. p.4

Cacciola, J., and McLellan, A.T. *Problem Severity Index. Administration Manual.* Philadelphia, PA: Treatment Research Institute and the Department of Psychiatry at the University of Pennsylvania, 1994. (Unpublished version available from author)

Carise, D.; Henry, C.; and McLellan, A.T. "The Addiction Severity Index 5th Edition. ASI-JCV: Designed to meet JCAHO requirements," 1997. (Unpublished version available from author).

Carise, D., and McLellan, A.T. Assessing outcomes with special populations: Adapting the Addiction Severity Index. In: Harris, L.S., ed. *Problems of Drug Dependence 1996: Proceedings of the 58th Annual Scientific Meeting, the College on Problems of Drug Dependence, Inc.* NIDA Research Monograph Series, No. 174. Rockville, MD: National Institutes of Health, 1997. p. 283.

Center for Substance Abuse Treatment. *Supplementary Administration Manual for the Expanded Female Version of the Addiction Severity Index (ASI) Instrument: The ASI-F*. DHHS Pub No. (SMA) 96-8056. Center for Substance Abuse Treatment: Rockville, MD, 1997.

Gottheil, E.; McLellan, A.T.; and Druley, K.A., eds. *Matching Patient Needs and Treatment Methods in Alcohol and Drug Abuse*. Chicago, IL: Charles Thomas Publishers, 1992.

Lesieur, H.R., and Blum, S.B. Modifying the Addiction Severity Index for use with pathological gamblers. *American Journal on Addictions* 1(3): 240-247, 1992.

McLellan, A.T.; Druley, K.A.; O'Brien, C.P.; and Kron, R. Matching substance abuse patients to appropriate treatments: A conceptual and methodological approach. *Drug and Alcohol Dependence* 5(3): 189-193, 1980.

McLellan, A.T.; Erdlen, F.R.; Erdlen, D.L.; and O'Brien, C.P. Psychological severity and response to alcoholism rehabilitation. *Drug and Alcohol Dependency* 8(1): 23-35, 1981.

McLellan, A.T.; Kushner, H.; Metzger, D.; Peters, R.; Grisson, G.; Pettinati, H.; and Argeriou, M. The fifth edition of the Addiction Severity Index. *Journal of Substance Abuse Treatment* 9(3): 199-213, 1992.

McLellan, A.T.; Luborsky, L.; Cacciola, J.; Griffith, J.; Evans, F.; Barr, H.; and O'Brien, C.P. New data from the Addiction Severity Index: Reliability and validity in three centers. *Journal of Nervous and Mental Disorders* 173(7): 412-422, 1985.

McLellan, A.T.; Luborsky, L.; Woody, G.E.; and O'Brien, C.P. An improved diagnostic instrument for substance abuse patients, The Addiction Severity Index. *Journal of Nervous and Mental Disease* 168:26-33, 1980.

Morales, Jose D. *Indice de Severidad de Addiccion 5ta Edicion*. Translation of the *Clinical/ Training Version of the Fifth Edition of the Addiction Severity Index*. Philadelphia, PA: University of Pennsylvania, 1997.

Urshel, H.C.; Blair, H.; and McLellan, A.T. "The Clinical Training Version of the Fifth Edition of the Addiction Severity Index," 1996.

Wilber, S., and Congros, S. Innovative strategies for improving the delivery of substance abuse services in a rural area. In: Center for Substance Abuse Treatment. *Treating Alcohol and Other Drug Abusers in Rural and Frontier Areas.* Technical Assistance Publication Series, No.17. DHHS Pub. No. (SMA) 95-3054. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off., 1995. pp. 111-118.

Appendix: Field Reviewers

Marcia Armstrong
Planning Officer
Department of Public Health and
Human Services
Addictive and Mental Disorders Division
State of Montana
Helena, Montana

J. Phillip Gossage, Ph.D.
Senior Research Scientist
University of New Mexico
Center on Alcoholism, Substance Abuse and
Addictions (CASAA)
Albuquerque, New Mexico

Sandie Johnson
State Project Officer
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services
Administration
Rockville, Maryland

Joy Bradbury-Klundt
Behavioral Health/MIS Coordinator
Billings Area Indian Health Service
Billings, Montana

Duane H. Mackie, Ed.D.
Santee Sioux Tribe of Nebraska
Educational Psychologist
Red Wing Enterprises, Inc.
Vermillion, South Dakota

Kathleen B. Masis, M.D.
Medical Officer for Behavioral Health
Billings Area Indian Health Service
Billings, Montana

Rod K. Robinson, M.A., M.A.C.
Enrolled Northern Cheyenne
Executive Director
Gateway Recovery Center
North Great Falls, Montana

Gib Sudbeck, M.A., C.C.D.C. III
Director
Division of Alcohol and Drug Abuse
South Dakota Department of
Human Services
Pierre, South Dakota

Nadine Tafoya, L.I.C.S.W.
Mental Health Consultant
Espanola, New Mexico

Substance Abuse and Mental Health Services Administration
Printed 1999

SAMHSA